, PHYSI- ed. Exact	PLACE OF DEATH County Clugheny	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No.
RECORD sd EXACTLY, Plenty classified.	Village or City Ficus deg (No	St.: Ward) (If death occurred is a hospitul or institution, give ite NAME instead of etreet and number.)
stated properli	PERSONAL AND STATISTICAL PARTICULARS  3 SEX   4 COLOR OR RACE   5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
MAN d be ack	Fu mue White Wild (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
A P CE sh hat it lons o	6 DATE OF BIRTH Cuy 28 /561  (Month) (Day) (Year)	that I last saw hope alive on Chy 5 1986
THIS IS plied A time so the instruction	7 AGE 7   S   If LESS than I day hre. or min.?	and that death occured on the date etaled above, at
INK INK ully sup plain ter nt. See	(a) Trade, profession or particular kind of work  (b) General nature of industry	Cocinona of the
ADING I	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary Constilled
H UNFA	10 NAME OF The adderson	(Signed) MD D Carry M. D. Nex / 8 1932 (Address) and MULL
Mation S CAUSE TION	OF FATHER (State or country)  12 MAIDEN NAME  A  A	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Mesns of injury and (2) whether Accidental, Suicidal or Homicidal.
AINLY Thiorms of state	of Mother Mount Starley  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the of death yrs mos ds. State yrs mos ds.  Where was disease contracted,
Item of should should be s	(Informant) As Selliam	Former or usual residence
Every It CIANS stateme	(Address) tearly me	There Pittye Ms 1920, 1922 20 UNDERTAKER ADDRESS )
- B	If more banks are needed, addrose State Registrar	r, 16 W. Sargege St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

" No. 1

(Approved by U. S. Census and American Public Health Association.)

cn at home, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. moution is very important, so that the relative health alness of various pursuits can be known. The quesetc., Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day who are engaged in the dutics of the Laborer-Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar proumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot....... (name origin: "Cancer" is less definite; avoid ds fracture of skill, and consequences (e.g., schwis, telanus) may be stated under the head of "contributory" carbolic acid-probably smoule. The nature of the injury, accident; Mevolver wound of head homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. Fon violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERFERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mcre symptoms or terminal condicough; Committee on Chronic Carcinoma, Sarcoma,, etc., of etc. valvular heart Nomenclature The contributory Always qualify all Measles discuse;

If this certificate is looked over thoroughly and all que tions answered in defail, it will prevent further correspondence. I the data is essential and must be obtained before the certificate is permanently filed.

B

5

mation ?

LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. f.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family; cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		JOENIEGE	
Other contributory causes of importance:		Other contributory causes of importance:	
Istones	May 1,1923	Gastroenteritis	1 year

statement of

V. S. No. 1

	PLACE OF DEATH	
-	County Ollegaust	(A)
Vil	lage or City Natural (No.	1037
	2FULL NAME	B
	PERSONAL AND STATISTICAL PARTICULARS	MEC
3 9	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEA
6 (	OATE OF BIRTH  (Month) (Day) (Year)	17 I HERI
7 /	yrs. mos. ds. or min.?	and that death of The CAUSE OF D
De Cap	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory
9 1	10 NAME OF FATHER WW. Baker	(Signed) M.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Violent Causes, Accidental, Suici
PAI	OF MOTHER RIGHT Hunking  13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	16 LENGTH OF ients or Recent At place of deathyrs Where was disease
14	(Informant) W. J. W. Baker	if not at place of Former or usual residence
	(Address) hatemal had	
15	20. 1.L. 0 POST. 60.	20 UNDERTAKER

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-.....Ward) tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFIC	ATE OF DEATH
16 DATE OF DEATH	126- 1932
	)(Day)(Year)
	I attended the deceased from
Wee ./ 1922. to	
that I last saw MA 2016 on	
and that death occurred on the date The CAUSE OF DEATH * was as follo	
Sportanens	Obolton
(Duretion	)yrsmosd
Contributory	90 - 180 - 30 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Signed) M. A. Correction (Signed) M. A. C. C. (Address) M. (Address) M. (Address) M. (Address) M. (Durstion	nott M. 1
*State the Disease Causing Violent Causes, state (I) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
16 LENGTH OF RESIDENCE (For ients or Recent Residents)	
At place of death	In the Stateyrsmos
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
APE A STATE OF THE	, 19
20 UNDERTAKER	ADDRESS

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise sputialization of the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

(Day)

Was there an eutopsy? 100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for cleange or	1 late on	hatte or	heard	0001.1.2000
	1		vouca	Centificate 0
				1

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12704	
1. PLACE OF DEATH County County WITHIN COR	PORATE LIMITS 3 Registration Dist. No.	
Village or City (If Length of residence In city of toyon where deeth occurred yrs	No. How long in U.S. if of foreign birth?	
(a) Residence: No. (Usual place of abode)	Ward.  Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Therefore the word)	21. DATE OF DEATH  (Month) (Oay) (Yeer)	)
5e. If merried, widowed, or divorced HUGDAND of Rey Beache	22. I HEREBY CERTIFY, That I ettended deceased from	
6. DATE OF BIRTH (month, day, and yeer)  7. AGE Yeers Months Oays If LESS then 1 dey,hrs. ormin.	to heve occurred on the dete steted above, et. 12:30	
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed last worked et this occupation (month end spent in this securation (month end spent in this securation).	Ullypuagantesculous fukus	4
10. Dete decesed last worked et this occupation (month end yeer)	Other Coutributory Causes of importence:	75
12. BIRTHPLACE (city or town)  (State or country)		1
13. NAME Blanca Garland 14. BIRTHPLACE (city or town) Sylest Va.	Neme of operation	
(Stete of Country)	What test confirmed diegnosis? Was there an eutopsy?	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?	
17. INFORMANT Seache Beache (Address) Sidland Mad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL  Place Ruse Hell Eme Dete Dec 7, 1932	Manner of Injury	
19. UNOERTAKER (Address)	24. Wes disease or injury in eny wey related to occupetion of deceased?	
20. FILED LC 6, 1937 Marue Aller Registrar.	(Signed) / Company (Address) (Address) (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstituat nephrais	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonit <b>t</b> s	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FI

PLACE OF DEATH	(82-0)
County allegans.	Registration Dist. No.
Village or City Marcher md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
FULL NAME Marian Beeman	
(a) Residence: No. Proscow Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
married, widowed-or divorced HUSBAND of (or) WIFE of haules J. Beeman	22. I.HEREBY CERTIFY. That I attended deceased from
TE OF BIRTH (month, day, and year) Sula 2   187   E Years Months Days If LESS than 1 day,hrs.	I last saw have alive on which alive on 19.3 2; death is said to have occurred on the date stated above, at 2.404m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	chebral Hamorhage Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	cerebral Haemorrhage
D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this / 3 / 4	NAC: 1.13
(State or country)	Other Contributory Causes of importance:
3. NAME andrew. Treal	
4. BIRTHPLACE (city or town) Classification (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
5. MAIDEN NAME Mary Devene	23. If death was due to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(FORMANT Marion Bresident	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
Place Musicous md: Date Dec: 16, 1932	Manner of injury
NDERTAKER A.S. Boslind; md.	24. Was disease or Injury in any way related to occupation of deceased?    If so, specify
LED Dee 16, 1932 S. a. Boucher Registrar.	(Signed) Hury to Hogger M. D.  (Address) Levacrung M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

ated causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
nce:	
	1 year
	1
	oce:

WRITE

B

V. S. No.

TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12705
1. PLACE OF DEATH	(118)
County Allegany	Registration Dist. No.
Village or City Length of residence in city or town where death occurred by yrs. 3 mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Conabeth Be	ll.
(a) Residence: No. Anaconing. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lee (/ , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attended deceased from  List (1, 1932, to Mer. (1, 1932; death is said)
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER,	

OCCUPATIO 1D. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country)

SAWYER, BDOKKEEPER, etc .... 9. Industry or business in which

work was done, as SILK MILL

MILL, BANK, etc ....

FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL

19. UNDERTAKER (Address) Registrar.

What test confirmed diagnosis?

(Address)

Manner of injury

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Where did injury occur?.

Dec11

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of Injury. 24. Was disease or Injury In any way related to occupation of deceased? Hat

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	JAN 7 1033	July 5, 1927	Peritonitis	3 days ago
	BUREAU VS			
Other contributory e	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12707
1. PLACE OF DEATH	107 a)
County alfqanife	Registration Dist. Np.
Village or City Long aning, and	No. St., Wai
Length of residence in city or town where death occurredyrsmos	real occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Lohn Bradle	. /
(a) Pacidanası Na	& St., Ward.
(Usual place of poode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(1007)
(or) Wife of Martha Bradley	22. I HEREBY CERTIFY. That I ettended deceased from the 19, 1932, to blue 27, 1932
6. DATE OF BIRTH (month, day, and year) Wor 10 1858	I last saw hum alive on Low 27 1932; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12 m.m.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYER, BDDKKEEPER, etc.	Bronsho Pneumonia
9. Industry or business in which	hou)
work was done, as SILK MILL, Coul Minels	
1D. Date deceased last worked at this occupation (month end 1918 spant in this occupation)	
	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mara Scatia (State or country)	
13. NAME 2100 13 2 100.	
13. NAME 2000 Brudley  14. BIRTHPLACE (city or town) 2200 a Latin	Newsoft
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autonsy? M. n
15. MAIDEN NAME Jessie Gardner	What test confirmed diagnosis? Was there an aulopsy? Ma  23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (GHY or town). 22 vva Scotia	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Mrs. Martha Bradley (Address) Language	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL ONE HULL	Manner of injury
Place Landson Date Dec 29,19.32	Nature of injury
9. UNDERTAKER IM. Eichhote (Addjess) Lanaming	24. Was disease or Injury In any way related to occupation of deceased? L
20. FILED Dec. 29, 132 2. Or 5-forms, Registrar.	(Signed) Jerry to I to agron M.  (Address) La fracounty Mod.
V V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
,		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

County	Allegany Cumberla		IN CORPORA		Allegany	Registration Dist. No. Hospital	
Village or (	CityCumber 1	ZIIQ • MC		No.		tion, give its NAME instead of	St., 7
Length of res	idence in city or town where	death occurred				f foreign birth?yrs.	
2 FILL NA	ME Margar	et Bridg	es				
	nce: No. Flintsi			St.,	Ward.		
(a) Resider	ice: No. P TTI OB	(Usual place	of abode)	ა.,	. waru.	If nonresident give city or	town and State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS		MEDICAL C	ERTIFICATE OF DE	EATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		21. DATE	OF DEATH	Dec First	1932		
. If married, widow	wed, or divorced					(Month) (Day)	(Yea
HUSBAND of (or) WIFE of	Aberaham Bi	ridges		"Nov		CERTIFY That I	attended deceased
DATE OF BIRTH	(month, day, and year)	Sept 28	1850	I last saw h	Kin_ alive on	12-1-3>	., 19; death i
	ars Months	Oays	If LESS than			d above, at 6 Am.m.	
82	2	4	l day,hrs.	The PRINCI	PAL CAUSE OF OEAT	H and related causes of import	
8. Trade, profe	ession, or particular work done, as SPINNER,					ich of pylome	Date of
SAWYER	R, BOOKKEEPER, etc.	At Hom	e			of stomoch. Com	
9 Industry or work was SAW MI	business in which as done, as SILK MILL, LL, BANK, etc		<b>.</b>	not n	respected 3 ora	frathological ref	nt
	sed last worked at upation (month and	11. Total ti spar occu	me (years) nt in this pation				
12. BIRTHPLACE (city or town) Pa (State or country)			Other Coutr	ibutory Causes of impo	torio	2	
13. NAME	Robert I	Elliot	t.				
14. BIRTHPLAC	E (city or town)		Pa	Name of ope		Conterostory Coursel Was	Date of
15. MAIDEN NA	AME Elizabeth	.Hartma	n		1	ises (VIOLENCE) fill in also the	
			Pa			CO Oate of inju	-
(State o	E (city or town) r country)				njury occur?	Jacob of mje	1,, 20-
7. INFORMANT (Address)	Patrick.Ma	artin.				(Specify city or town, coun INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.
B. BURIAL, CREMA	tion, or removal lars. Pa	Date Dec	4.1932	Manner of i			
	John.C.Wolf		/		ase or injury in any w	ay related to occupation of dec	eased? LLO
10	03,193400	arney D	Meess Registrar.	(Signed	ac J	Cundans	n Do~

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfuluess of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related of importance were as follows:	l causes Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		\danse	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
----------------------------	---------------------------

V. S. No. 1 B ż TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12709
1. PLACE OF DEATH	RPUBLIE LIMITS 92-0
County alanam	Registration Dist. No.
Village or City Cufmtesland, mad	No. St., 3 Ward St., 3 Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s
2. FULL NAME Surah Collen Brin	leman .
(a) Residence: No. Kesteinkort , md.	St., Ward.
/ (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9. , 193 2./ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Money /2. / Trunkman	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF STREET - 101-	I last saw ha alive on Ore 9 1938; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 m.
2 9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were stollows:  Date of onset
kind of work done, as SPINNER, Australia	My vcardilis 1915.
Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  In Date deceased last worked at  In Total time (years) spent in this securation (month and	
- I this occupation (intentit and ) // //   Spoilt in this /////	
year) January occupation State	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
1	
13. NAME Not Now 14. BIRTHPLACE (city or town) Not - 200000000000000000000000000000000000	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
	What test confirmed diagnosis? Was there an autopsy?
I max was	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
V9711	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL IC PLACE.
17. INFORMANT (Address) Constitution of the Co	Specify whether injury occurred in Product, in nome, or in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Ruthy Mulate / tull 19	Nature of injury
19. UNDERTAKER DES JOSE	24. Was disease or injury in any way related to occupation of deceased?
(Address) Souton ma	If so, specify
20. FILED Ver 12, 1934 Harwey JA Vera	(Signed) M. I
Registrar.	(Address)
If more blanks are needed, address State Registra:	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GENERAL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING mation should be carefully supplied. N. B.—WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7.50
County Cllegany	Registration Dist. No.
Village or City Eskhourt	No. St. Ward
(li Length of residence in a(ty or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Helen de roele	in the state of th
(a) Residence: No.	Ct Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (abrigate word)	21. DATE OF DEATH LOS 31
I male little son	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / 1 HEREBY CERTIFY, That I attended deceased from
(or) WILL OI	12/31 1032,10 12/31 1032
6. DATE OF BIRTH (month, day, and year) Joseph 11, 1927	I last saw h L alive on 12/81, 1957; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 0: 45 Um.
> // YY ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Solvers, SAWYER, BOOKKEPER, etc.	6950 ahr
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this conception of the same of the s	Pagusso
SAW MILL, BANK, etc	January Marie
Spellt ill fills	(Kufluluz al) 12/31/3:
year) occupation	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	
13. NAME Raymond a, Grocle 4. BIRTHPLACE (city or town) 7 Mostlany	None of annulis De De C
(State or country) Mall	What test confirmed diagnosis? Of the Was there an autopsy?
15. MAIDEN NAME Josephine E. Laurie	23. If death was due to external causes (VIOL ENCE) fill in also the following:
fs. MAIDEN NAME Josephine E. Lausie  6. BIRTHPLACE (city or town) Le Roya	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT IN 8.4, Dagle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Eghan Mel	
Place Trestant Md. Date aw 3 1932	Manner of injury
	Nature of injury
19. UNDERTAKER (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
on such 1/3 and Orle While in	(Signed) Cleo D. Stales R. M.D.
20. FILED 1933 CON 1 / COCCO	(Address) 50 W. Main All Front and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		daviae - Mil	
Other contributory causes of importance:	ı	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12711
1. PLACE OF DEATH	83-0
County allegany WATHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City Chountaland	No. 108 Washington St, / Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James Blank	
(a) Residence: No. 108 Washington	St., Ward.
(Usuai plate of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  While While Colors	21. DATE OF DEATH Dec 29 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Smargant & Sallagher.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Thou 11 1846	I last saw h alive on Dec 29 1932 death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, et
86 1 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last warly d at this occupation (work) and	The contract of the contract o
work was done, as SILK MILL, Danking SAW MILL, BANK, etc.	
10. Date deceased last warly d at this occupation choose and 22 3 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country) Ireland	
13. NAME James Clark	
13. NAME James Clark  14. BIRTHPLACE (city or town) - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	Name of operation Date of
(State of country) steep treland	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Catherine Dyer  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
70. 186	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ms. Loman Coman (Address) Princescan Coman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Affector Warre Date Jan 2, 1933	Nature of injury
19 UNDERTAKER Low Stern Sup (Address) Dimutar Day Mills	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Led 31 , 1534 Ranning A Craus	(Signed) S. M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. NO. 1

STATE OF I	MARYLAND—	CERTIFICATE OF DEATH	12
1. PLACE OF DEATH		23	3~
County alleghery		Registration Dist. No.	
Village or City hear Prif. 0	favoge (1)	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
Length of residence in city or town where death occ	curredmos	ds. How long In U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Elizabe	the Eller	~ lolich	
(a) Residence: No.	Javage Jsual place of abody	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write it) word)	21. DATE OF DEATH /2 8 , 193	32_ (ear)
5a Li married, widowed, or divorced		(World) (Day) (T	eal)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decease	
2	L21-1913		932
6. DATE OF BfRTH (month, day, and year)  7. AGE Years Months	7		h is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
1 9 Tanks and tanks are nothing	ormin.	4.00	ol onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Che Victoria de 12	-/11
9. Industry or business in which	10	Far odiared echoe	131
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	collock	Red tend.	
10. Oate deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	V V V V V	
Q /	7 2	Other Coutributory Causes of importance:	1
12. BfRTHPLACE (city or town) (State or country)	J NY	Henrings	1-/
01	APO. P	0	732
H COCCO	V Cours	Name of assertion	
14. BIRTHPLACE (city or town) (Stata or country)	e '	Name of operation	2
	Canten	23. If death was due to external causes (VIOLENCE) fill in also the following:	10-7-000
± 1/.	le la la	Accident, suicide, or homicide?	9
O 16. BIRTHPLACE (city or town) State or country)	- Reve	.Where did injury occur?	
IT INFORMANT // A. 10 - CA-ST	lib of the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address)	The house		
18. BURIAL, CREMATION OR REMOVAL	A. a. s.	Manner of injury	
Place The Data	NC 17 ,1934	Natura of injury	
19. UNDERTAKER Jacob L	Tafers	24. Was disease or Injury In any way related to occupation of deceased?	•
(Address) / Frozi	wing her	If so, specify	
20. FILEO 1 1937 (101)	K. Walker	(Signed) Allery June	M. D
	Registrar.	(Address) Troubling h	9
If more blanks a	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	Every item of infor-	CIANS should state	tement of OCCUPA-	
	RECORD.	Y. PHYSI	Exact sta	
INDING	RMANENT	XACTL	classified.	
FOR B	S IS A PE	stated F	properly	4:0
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be earlefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	The state of the s
V. S. No. (1)	N. BWRITE PLAINEY	mation should be care	CAUSE OF DEATH in	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-0 , 12713
County Ochleskeny	Registration Dist. No. 6
Village or City Les Covle!	NoSt.,Ward  [f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/yrs6_mos	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Welvin Engene Co	ole
(a) Residence: No. The Coole 2nd	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Lucy 28 1931	Llast saw hace alive on /2 /2 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at A_m.
/ /s-   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	191111111111111111111111111111111111111
9 Industry or business in which	1
work was done, as SILK MILL, SAW MILL, BANK, etc	-
O this occupation (month and spear) Occupation (month and spear) Occupation (month and spear) Occupation Occup	
12. BIRTHPLACE (city or town) the corre	Other Cantributary Causes of Importance;
(State or country)	
13. NAME Harr Edgar Cole	
13. NAME Have Edgas Cole  14. BIRTHPLACE (city or town)  14. Cover	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME War Kathering Wolfe	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Way Katherine Wolfe  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country) W.Va	Where did injury occur?
X E Cle	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address) Luc Core Luch	
18. BURIAL, CREMATION, OR REMOVAL Same Cometey	Manner of injury
Place Of awam, med Date de 14, 19 22	Nature of injury
19. UNDERTAKER JHULAR REVOOL Sous (Address) Kensey W VG	24. Was disease or injury in any way related to occupation of deceased?
20. FILED dem ex , 1932 Abrechates	(Signed) M. G.
Registrar.  If more blanks are needed, address State Registrar.	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	Harris State of the Ave.	m. NEW ALC: 17 BACK		

state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12714		
Sta	1. PLACE OF DEATH	<u> </u>		
ould stat	County allegany WITHIN CORPO	PRATE LIMITS Registration Dist. No.		
should of OCC	Village or City Sambalant	No. 300 Pach St., 5 Ward		
0	Length of residence in city of town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?		
PHYSICIANS act statement	2. FULL NAME Stellbarn Coni	11		
SICate	(a) Residence: No. 300 Park	St., 5 Ward.		
st	(Usual place of abode)	If nonresident give city or town and State		
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 . 1	3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Lecensles 29  (Month) (Pay) (Year)		
X A C T l	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from		
	6. DATE OF BIRTH (month, day, and year) See 29 1932	I last saw h alive on, 19; death is said		
stated E properly certificate	7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
be sta be pro of cert	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	were as follows:  Premature (Six Wouth) Date of onset		
should it may in back	Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and			
s sh t it on	10. Date deceased last worked at this occupation (month and year)			
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) & umbaland (State or country)	Other Contributory Causes of importance:		
supplied n terms, ee instru	I 13. NAME Francis Elmo Coniff			
4	14. BIRTHPLACE (city or town)	Name of operation Date of		
·= 00	(State of Country)	What test confirmed diagnosis? Was there an autopsy?		
tarefully su H in plain ortant. See	15. MAIDEN NAME Maryaret Stogan	23. If death was due to external causes (VIOLENCE) fill in also the following:		
Service 115	16. BIRTHPLACE (city or town) Alittabary (State or country)	Accident, suicide, or homicide? Date of injury, 19		
should be can OF DEATH s very import	17. INFORMANT Transis & Coniff (Address)	Where did injury occur?		
S EN .S	18. BURIAL, CREMATION, OR REMOVAL Place St. Gatricks Ban Dale Sec 30 19 3 7	Manner of injury		
mation s CAUSE TION is	Date Use 19	Nature of injury		
CA	19. UNDERTAKER Address) Landjelans Fill,	24. Was disease or injury in any way related to occupation of deceased?  If so, specify		
	20. FILENDE 29, 1837 Naruy A Mexas. Registrar.	(Signed) M. D. (Addees)		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRAIROSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

should state

STATE OF	MARYL	AND-CER	TIFICAT	E OF	DEATH
----------	-------	---------	---------	------	-------

1. PLACE O			W	THIN CORPO	DRATE LIMITS (9)	Dogiotrot	tion Dist. No.	4
	City	llegany Cumberla	nd. Md	**	death occurred in a hospital or institut	more.	Ave St.,	nd number)
Length of re	sidence in o				ds. How long in U.S. if o	f forelgn birth	?yrs	mosds.
2. FULL NA			y. Conr					
(a) Reside	ence: No	Cumbe	(Usual place	MQ of abode)	St., Ward.		ident give city or town a	
PERSO	NAL AN	ND STATISTI	CAL PART	ICULARS	MEDICAL C	ERTIFICA	ATE OF DEATH	
Male Male		or or race White		RIED, WIDOWED,	21. DATE OF DEATH	Dec.	14.1932	, 193 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	TITIE WE	ly. Conn	er			CERT	IFY, That I ettend	ed deceased from
			Jan. 2	20.1861	last saw h are alive on	1937, to	Dec. 14 14 ,193	2 1937
6. DATE OF BIRTH	I (month, da ears	Months	Days	If LESS than	to have occurred on the date state			_=_; death is said
7	1	10	24	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT	H and related	causes of importance	Date of onset
Trade, profi	work done	, es SPINNER,			Gan Cy	700	rus Trali	
9. Industry or work w	business i	EPER, etc in which SILK MILL, etc	Taylor		Jimey			
- 1 11110 000	sed last we	orked at	\$p8	time (years) ent in this cupation				
12. BIRTHPLACE ( (State or co	-	)	1	ſđ	Other Contributor Canses of impo			
13. NAME	Tel	methy Co	nner					
13. NAME 14. BIRTHPLAC	CE (city or to	town)	Md		Name of operation.	my u	Date V	**************************************
		Dont Kno	W		23. If death was due to external cau			
	or country)				Accident, suicide, or homicide? Where did injury occur?		Date of injury	, 19
17. INFORMANT (Address)		yConne umberlar			Specify whether injury occurred in	(Specify ci n INOUSTRY, i	ity or town, county and in HOME, or In PUBLIC	State) PLACE,
18. BURIAL, CREMA	nflu	ence.Pa		c.17.1,932	Manner of injury			
19. UNDERTAKER (Address)	Jo	hn.C.Wol umberlar	ford nd. Md		24. Was disease or Injury In eny w	ay related to o	occupation of deceased?	<i>(</i>
20. FILEBY Dec	116	19.37 080	venew?	Meiso	(Signed)	word !	War Just	M. D

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The princip of importan	Date of onset	
Arterioselerosis	1915	Attack of epi	epsy'S 'A OVELLE	1 week ago
Chronic interstitial nephritis	1921	Run over by s	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	1 SAL 3 MAL	3 days ago
			IdeAlepay	
Other contributory causes of importance:		Other contr	butory causes of importance:	
Gallstones	May 1,1923	Gastroenteriti	8	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	------	-----	---------	------------	----	-----------

1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
70	ENT RECORD. E	TLY. PHYSIC	ied. Exact state	
FOR BINDIN	S IS A PERMAN	stated EXAC	properly classifi	certificate.
ARGIN RESERVED FOR BINDING	DING INK-THIS	AGE should be	so that it may be	TION is very important. See instructions on back of certificate.
ARGI	(, WITH UNFA)	arefully supplied.	H in plain terms,	rtant. See instru
• 可	VRITE PLAINLY	tion should be c	AUSE OF DEAT	ON is very impo
V. S. No. 1	N. BV	m	Ü	I

STATE OF MARYLAND—	CERTIFICATE OF DEATH	y g 10y
1. PLACE OF DEATH	ORATE LIMITS (93-2)	10
County Mygamy	Registration Dist. No.	
Village or City Cambelland	No. 5 St., St., I death occurred in a horpital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrs,mos		ber) ds.
2. FULL NAME Grany a. Duff	3	
(a) Residence: No. 15 S. Zee	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Stat	te
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Himele White OPDWORCED (write the word)	Dec 19, 19	~
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay)	(Year)
(or) WIFE of Patrick Duffy	22. I HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on Da 17. 19 32 de	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z - A-m.	
about 85 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
O Tanda and in the state of the	were as follows:	te of onset
SAWYER, BOOKKEEPER, etc.	7	
9. Industry or business in which work was done as STIK MILL	Chronic organistis Duration; several	
10. Oate deceased last worked at this occupation (month and spent in this	Jeans. Cause.	
year) occupation	Other Contributory Causes of importance.	
12. BIRTHPLACE (city or town)	Mysearailes	2
(State or country) Irliand.		
13. NAME / homas monis  14. BIRTHPLACE (city or town)		
4 14. BIRTHPLACE (city or town)	Name of operation. Low Date of	
(State of country)	What test confirmed diagnesia was there an autop	no.
15. MAIDEN NAME Whee Broke	23. Il death was due to external causes (VIOLENCE) fill In also the following:	J
15. MAIOEN NAME Mace Broke	Accident, suicide, or homicide? Date of injury	19
(State or country)	Where did injury occur?	13
17. INFORMANT A. C. Want fra	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) 15 Lee S.	The state of the s	
18. BURIAL, CREMATION OB REMOVAL	Manner ol injury	
Place/32/19/19/19/19/19/19/19/19/19/19/19/19/19/	Nature of injury	
19. UNDERTAKER Lorge Stein One.	24. Was disease or injury in any way related to occupation of deceased?	Ø.
(Address) Company	Il so, specify	
20. FILED 1930 Harray (M. Registrar.	(Signed) Cumulwaar	M. D.
	(Address)	
omnos are necuca, address State Registrar, 2	1411 IV. Unaries Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of importance	cause of death and related causes were as follows:	Date of onset
Arterioselerosis	1915	Attack of epiley	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DAL G MAD	3 days ago
1			MECHANISM .	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	DA JACES	I OIL	T CICITIFIE	DITTIBLE	DI	IIII DICIAN

County. Allegany, Village or City. Cumberland Md. No. Memorial Hospital St., Village or City. Cumberland Md. No. Memorial Hospital St., Village or residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Vis	SIAIL (	OF MARYLAND—	CERTIFICATE OF DEATH 12718
Village or City. Cumberland Md.  No. Mamorial Hospital St. Legith of residence in city or town where death occurred.  Village or City. Cumberland Md.  (If death occurred in a hespital or institution, give its NAME instead of street and number)  Legith of residence in city or town where death occurred.  (a) Residence: No. Kaysar W. Va.  (b) Residence: No. Kaysar W. Va.  (c) Residence: No. Kaysar W. Va.  (d) Residence: No. Kaysar W. Va.  (d) Residence: No. Kaysar W. Va.  (d) Residence: No. Kaysar W. Va.  (e) Residence: No. Kaysar W. Va.  (b) Charled a first and street and number)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  Fomale (Solk on Race White Or Death Hold)  S. SINGLE MARRIED, WHOWED, OR PROFED Winter the word)  Married Widowed, or divorced  Missand of White of Value Ellfritz,  (c) I HEREBY CERTIFY, That I attended decessed (co.) White of Value Ellfritz,  (d) I HEREBY CERTIFY, That I attended decessed (co.) White of Value Bellfritz,  (e) I HEREBY CERTIFY, That I attended decessed (co.) White of Value Bellfritz,  (f) I HEREBY CERTIFY, That I attended decessed (co.) White of Value Bellfritz,  (f) I HEREBY CERTIFY, That I attended decessed (co.) White of Value Bellfritz,  (f) I HEREBY CERTIFY, That I attended decessed (co.) White of Value Bellfritz,  (f) I HEREBY CERTIFY, That I attended decessed (co.) White of Value Bellfritz,  (f) I HEREBY CERTIFY, That I attended decessed (co.) White of Value on the date stated above, at M. J. St.  I HEREBY CERTIFY, That I attended decessed (co.) White of Value on the date stated above, at M. J. St.  I HEREBY CERTIFY, That I attended decessed (co.) White of the word of the date stated above, at M. J. St.  I HEREBY CERTIFY, That I attended decessed (co.) White of the word of the date stated above, at M. J. St.  I HEREBY CERTIFY, That I attended decessed (co.) White of the word of the date stated above, at M. J. St.  I HEREBY CERTIFY, That I attended decessed (co.) White of the word of the date stated above, at M. J. St.  I HEREBY CERTIFY, That I attended decessed (co.) W		WITHIN CORPOR	RATE I MAITO
2. FULL NAME Mrs. Anna Ellfritz,  (a) Residence: No. Keyser W. Va.  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  FOMale 4. Color or RACE S. SHOLE MARRIED, WIDDWED, OR DIVORCED (currict be word)  Narried  5a. H married, widowed, or divorced ((Nout))  (Oay)  (Text Married Widowed, or divorced ((Nout))  (Oay)  (Text Married Widowed, or divorced ((Nout))  (A) A DATE OF DEATH  December 31, 193 2, 100 ((Nout))  (Nout)  (Text Married Widowed, or divorced ((Nout))  (Nout)  (Nout)  (Text Married PEATH and related causes of importance were as follows:  (Nout)  (Nout	Village or City Cumber 1	and Md.	No. Memorial Hospital St., 6 / Walf death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Keyser W (Usuplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX FORMAL 4. COLOR OR RACE White OR DIVORCED Courie the word)  S. H. married widewed, or divorced (Mooth)  Warried  5a. H. married widewed, or divorced (Or) Wife of Vause Ellfritz,  5. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF BIRTH (month, day, and year)  February 25, 187  6. DATE OF DEATH  DECEMBER 31, 193  193  194  195  195  195  195  195  195  195			syrsmosyrsyrs
PERSONAL AND STATISTICAL PARTICULARS  S. SEX FORMAL & COLOR OR RACE White S. S. SINCLE MARKIED, WIDOWED, OR DIVOKED ("wine the word) MATTIED  So. If married, widowed, or divorced HUSSAND of ("Only Wife of Vause Ellfritz,"  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months So 1 if LESS than 1 day,			
PERSONAL AND STATISTICAL PARTICULARS  3. SIX FOMALO 4. COLOR OR RACE No DIVORCED Comite the word Married Wishand of Vause Ellfritz 5. If married, widowed, or divorced (no) Wife of Vause Ellfritz 6. DATE OF BERTH (month, day, and year) 7. AGE 7. AG	(a) Residence: No Keysel	(Usual place of abode)	
Fomale White OR DIVORCED (write the world) Married  December 31, (Day)  (Vertical Married Widowed, or divorced Married  So. It married, widowed, or divorced Married  Was Bellfritz,  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than Iday. hrs. of widowed, or divorced Married Addy. hrs. of widowed, or divorced Months of Wash Addy. hrs. hrs. of Wash Addy. hrs. of Wash Addy. hrs. of Wash Addy. hrs. of Wash Addy. hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs	PERSONAL AND STATIST	ICAL PARTICULARS	
55. If married, widowed, or divorced HUSBAND of (or) WIFF of Vause Ellfritz,  5. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc.  9. In PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc.  9. In PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  10. Date decessed alst worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  West Virginia,  16. BIRTHPLACE (city or town)  (State or country)  West Virginia,  17. INFORMANT Memorial Hospital,  (Address) Cumberland, Md  18. BURIAL, CREMATION, OR REMOVAE  Place  19. Jest saw h L.T. altieve on Jest and the state date date stated above, at L.M. J. In.  19. Jest and L.M. J.		OR DIVORCED (write the word)	
6. DATE OF BIRTH (month, day, and year) 7. AGE  Years  Months  Services as follows:  Nover was done, as SHNNER, SAWYER, BOOKKEPER, etc.  9. Affoative or country)  West Virginia  11. Total time (years)  Spent in this occupation (month and year)  What test confirmed diagnosis?  Was there an autopsy?  13. NAME  Jackson Flick,  14. BIRTHPLACE (city or town)  (State or country)  West Virginia  15. MAIDEN NAME  Blen Rodgers  16. BIRTHPLACE (city or town)  (State or country)  West Virginia  17. INFORMANT  Memorial  Monorial  Mo		lfritz,	22.   I HEREBY CERTIFY That I attended deceased fr
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWER, BOOKKEFER, etc.  9. Influstry or business in which work dome as SPINNER, skill, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  West Virginia,  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  West, Virginia,  Was there an autopsy?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  What lest confirmed diagnosis?  Was there an autopsy?  What lest confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Clumberland, Md  18. BURIAL CREMATION, OR REMOVAT  Place  (Address)  Clumberland, Md  Manner of injury  Nature of injury in any way related to occupation of deceased?  He stormed to occupation of deceased?  He stormed to occupation of deceased?  Was disease or Injury in any way related to occupation of deceased?  He stormed to occupation of deceased?  He stormed to occupation of deceased?  Was disease or Injury in any way related to occupation of deceased?  He stormed to occupation occupation of deceased?  He stormed to occupation occupation of deceased?  He stormed to occupation occupation	7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1 4.2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country) West Virginia.  13. NAME Jackson Flick.  14. BIRTHPLACE (city or town) (State or country) West Virginia.  15. MAIDEN NAME Ellen Rodgers.  16. BIRTHPLACE (city or town) (State or country) West Virginia.  17. INFORMANT Memorial Hospital (Address) Cumberland, Md.  18. BURIAL CREMATION, OR REMOVAT Place Address Oate Address Academy Manner of injury Place Address Oate Academy Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. UNDERTAKER (Address)  12. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. UNDERTAKER (Address)  12. Was disease or injury in any way related to occupation of deceased?  13. NAME  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurr? Nature of injury Nature of injury Nature of injury  19. UNDERTAKER (Address)	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this	Margalah amblid
14. BIRTHPLACE (city or town) (State or country) West Virginia  15. MAIDEN NAME Ellen Rodgers  16. BIRTHPLACE (city or town) (State or country) West Virginia  17. INFORMANT Memorial Hospital (Address) Climberland, Md  18. BURIAL, CREMATEIN, OR REMOVAT Place  19. UNDERTAKER (Address)  20. UNDERTAKER (Address)  21. UNDERTAKER (Address)  22. Was disease or Injury in any way related to occupation of deceased? (Address)	12. BIRTHPLACE (city or town)  (State or country) West	Virginia,	Other Controllery Causes of Importance:
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT Memorial Hospital  (Address) Climberland, Md  18. BURIAL, CREMATION, OR REMOVAT  Place Place Onte And State  (Address) Address  (Address) Climberland, Md  19. UNDERTAKER  (Address) Climberland, Md  Manner of injury  Nature of injury  24. Was disease or Injury in any way related to occupation of deceased?  (Address) (Signed)	14. BIRTHPLACE (city or town) Wes		Name of operation Tkurnels Date of Lee  What test confirmed diagnosis? Was there an autopsy?
18. BURIAL, CREMATION, OR REMOVAL  Place Personal Action of Company of Compan	17. INFORMANT Memorial Ho	t Virginia,	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
(Addiess)  If so, specify  (Signed)	18. BURIAL, CREMATION, OR REMOVAL		
20 SUEDAM 3 1330 Heprey of No. (Signed) Ly 4: Trains		2009	
Registrar. (Address) Control of C	20. FILED an 3 , 1933		(Address) Countesland Tung

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHYMAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE	OF	MARYI	AND-CI	ERTIFIC	ATE	OF	DEATH	
	~ I	TARK ALF I P	THE C		V 1 1	<b>U</b> 1	D = / \	

1. PLACE OF DEATH	CERTIFICATE OF DEATH
COUNTY RATE LIGHT	7/07:00)
1 1	Registration Dist. No. 9
Village or City W. Wengy	NoSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. 2-9 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Juny & Fag	entaker
(a) Residence, No. Mesterns of	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	ZI. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WiFE of	22.   HEREBY CERTIFY That I attended deceased from
	Dec. 30, 1932, to Dec 31, 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h.e.t. alive on ORC 3/ , 19 32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 2.32.32m.
1 29   1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cory 30 12-26-3
SAWYER, BOOKKEEPER, etc.	
findustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Westernfurt	Other Coutributory Causes of importance:
(State or country) M. A.	Brownong - Mensyma 12-30-3
13. NAME ( amel Loson) to entable	
13. NAME ( and lesson for entable 14. BIRTHPLACE (city or town) Western of the state of the stat	Name of operation. Turne Date of
(State of country)	What test confirmed diagnosis? They had been was there an autopsy? No
15. MAIDEN NAME One Control 16. BIRTHPLACE (city or town) Western for the control of the control	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Western At	Accident, suicide, or homicide?Date of injury19
Stata or country)	Where did injury occur?
17. INFORMANT Wattin Couldry	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Herternford My.	
18. BURIAL, CREMATION, OR REMOVAL Place St. Peters Cometering Over V 103-	Manner of injury
Place 1, 19.3	Nature of injury
19. UNDERTAKER S. GONTY	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Burton Md.	If so, specify ————————————————————————————————————
1 2 3 016	(Signed) MD
20. FILED. Mar. 19.33 Registrar.	(Address) Redunet W. Va

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis EGI MA	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

should state

1. PLACE OF DEATH	(131)
County allegamy. WITHIN CORPOR	RATE LIMITS Registration Dist. No.
Village or City Cumberland (IF	No. St., Ward death occurred in a hospital or institution, give its NAME, instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
m, 1 2 P. O	
Z. FULL NAME	
(a) Residence: No. 303 Paca (Usualplace of abode)	St., # Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grand Sales  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I ettended deceased from  19.3 7, to 18 19.3 2  I last saw h live on 18 19.3 2; death is said to have occurred on the date steted above, at 30° m.
48 9 14 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  2 1-4
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation most hand year)	Dther Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  2   13. NAME   Same Same	Chranic Bright Dian you
14. BIRTHPLACE (city or fown) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Juniah Sales  (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Are Will Compate Wile 21, 1932	Manner of injury
19, UNDERTAKER Anio Atten Inc. (Address)  20. FILED Registrar.	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

4000000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. FOR BINDING certificate. ARGIN RESERVED AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. WINTE PLAINLY,

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12721
1. PLACE OF DEATH	<u> </u>
County a Clegary	Registration Dist. No. 12
Village or City Tinsten Bless dilanne	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME I obest I and	all
(a) Residence: No. Alondike	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word)  Anale  Anale  Anale  Anale  Anale  Anale  Anale  Anale	21. DATE OF DEATH OCC , 15-th (Par) (Year)
5a. If married, widowed, or divorced HUSBAND of (or)_WIEE of Aunie Click	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sen 111 1866	Wast saw h Malive on Dec. 13th , 1937; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2m.
66 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Centerio Sclervia Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)  14. 1932 spent in this occupation occupation  3. 14. 1932 spent in this occupation	
12. BIRTHPLACE (city or town) Danyland (State or country)	Other Coutributory Causes of importance:
E 13. NAME (slex. Gardner	
13. NAME Alexandre	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Cellen Marshall	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Scottand	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT LLEK Sandalls	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Malcinly Colindary Date Dech 19, 1932	Nature of injury
19. UNDERTAKER ALGERISMON (Address) Characonna (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 40. ee. 76, 19 32 P. Stike Registrar.	(Signed) M: M. D. M. D. (Address) Millauf M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 7 1935	1. 1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 12722
County allegary.	Registration Dist. No.
	NoSt.,Ward
2. FULL NAME Liga Land Seary.  (a) Residence: No. Subleman mink.	osds. How long in U.S. if of foreign birth?mosdsdsdsdsds
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wince the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corp. Grand	1 last saw han alive on 23, 193 2; death is said to have occurred on the date stated above, at le 454n.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	were as inflows:  Date of one of  Thyrotopy costs  Afficility  Thyrotopy costs
12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  (State or country)  (State or country)	Other Contributory Causes of importance:  Name of operation.  Date of
15. MAIDEN NAME Elizabeth Tregere  16. BIRTHPLACE (city or town)  (Stata or country)  England	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19 Where did Injury occur? (Specify city or town, county and Slate)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MUSA rage, 2nd. Date Date 26, 193	Manner of injury  Nature of Injury  24. Was disaasa or Injury In any way related to occupation of deceased?
20. FILED 12/26, 1932 G. P. Walker	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ano THE PROPERTY OF THE PARTY. Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA:	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

RGIN RESERVED FOR BINDING	D FOR BINDING
-WRITE PLAINLY, WITH UNFADING INK-TH	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be carefully supplied. AGE should	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	of certificate.

N. B.-WRITE

V. S. No. 1

1. PLACE OF DEA				(95-8) UI	V Limits Registration	n Dist. No	4
Village or City	Cumberl				tal or institution, give its NAM in U.S. if of foreign birth?		d number)
2. FULL NAME	Andrew			in the second	an at a tolonghi partare	J1W	11103-111111111111111111111111111111111
(a) Residence: No.	Q.F.L	(Usual place	of abode)	St., War		nt give city or town a	nd State
PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDI	CAL CERTIFICAT	E OF DEATH	
	or or race White		RIED, WIDOWED, D. (white the word)	21. DATE OF D	EATH D	ec.24.19	32 , 193
5a. If married, widowed, or div	becca. H	amilton		22. I H E	REBY CERTI		
(or) WIFE of					, 19, to		, 19
6. DATE OF BIRTH (month, d	ay, and year)	July.20	.1864	I last saw h a	live on	, 19	; death is said
7. AGE Years 68	Months 5	Oays 4	If LESS than I day,hrs. ormin.		e date stated above, at_6 E OF DEATH and related ca	00000	Date of onset
9 Industry or husiness	in which	Fa	rmer	Organi	- Heart A	disand	1 year
work was done, as SAW MILL, BANK 10. Date deceased last we this occupation (my year)	orked at	sper	ime (years) nt in this				
12. BIRTHPLACE (city or town (State or country)	Md Md			Other Contributory Ca	uses of importance:		
≝ 13. NAME Ge	o Hamilt	on.					
13. NAME Ge		Md			agnosis?		
15. MAIOEN NAME  16. BIRTHPLACE (city or (State or country)		Twigg Md	l		external causes (VIOL ENCE) omicide?	Oate of injury	, 19
	cca. Ham		out 4	Specify whether injury	occurred in INOUSTRY, in	or town, county and S HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR Place Humbir	REMOVAL d Chaple	oate Dec	27.4932				
19. UNDERTAKER John (Address)	.C.Wolfo			24. Was disease or Inju	ry in any way related to occ	supation of deceased?	or of
20. FILEO Rac. 27	1930 14	any !	Registrar.	(Signed) (Address)	Eduk	eard.	mel M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset		of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	as follows:	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	- mun 11	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	289F 25 14A1	3 days ago
			DEVISOR	
Other contributory causes of importance:		Other contributory	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ż

# 12734 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)
County alley any WITHIN CORPO	RATE LIMITS Registration Dist. No. 4
	No. Howard Place St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,3m	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jannie Frances H.	andto.
(a) Residence: No. Sapou Bridge (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fernale Leolors 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Byrd Warmthow.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Godent 1876	I last saw h — elive on D 3 , 1937; death is seid
7. AGE Years Months Days If LESS than 1 day,hr	more as follows:
8 Trade profession or particular	Central Heren stage Date ot enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and	37
O 10. Dato deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) St. V.	Chance Bright Dean
13. NAME Joseph Washing to.	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Nameah	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Samuel  16. BIRTHPLACE (city or town)  (State or country) Llupswown	Accident, suicide, or homicide?
17. INFORMANT Mes, Isadore Davis.  (Address) 316 Central acc.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place La apon Sudy e Date Lee 25, 193.	Manner of Injury
19. UNDERTAKER Louis Steen Land (Address)	24. Was disease or injury in any way felated to occupation of deceased?
20. FILED Dec 25, 1974 Haven / NE	(Signed) Such bortund M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

the letter	0111 DO. 11	1000 1	11783	La coma	NAID		11
7-4-7-4			12/103	Por cerange	1) 00	0	files
7					0		V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County ALLEGANY WITHIN CORPO	registration Dist. No.
Village Dr City CUMBERLAND	No. MEMORIAL HOSPITAL St., 6-7 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME HARRIET L. HARRIS	
(a) Residence: No. MOOREFIELD, W. VA. (Usual place of abode)	St. 6 - Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH  December 3, (Day) (193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Wilson W. Harris	22. I HEREBY CERTIFY, That I attended deceased from $20 - 10320$
6. DATE OF BIRTH (month, day, and year) August 8 1875	I last saw her alive on 12.3- 1937 death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date steted above, at 7:20Pm.
of d of ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. HOUSEW1FE	Motast 1
9. Industry or business in which	The aliente
work was done, as SILK MILL, SAW MILL, BANK, etc	Sur al Line blow
Spottern ente	tollie tolle
year) occupation	Dther Coutributary Causes of importance:
12. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)	
	Olforoin )
13. NAME HARVEY RATHBUM  14. BIRTHPLACE (city or town) PENNSYLVANIA	Name of operation Test au p Date of 14th Can
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AMORETTE COVELL	23. If death was due to external causes (VIDLENCE) ful in also the following:
15. MAIDEN NAME AMORETTE COVELL  16. BIRTHPLACE (city or town) NEW YORK	Accident, suicide, or homicide?Date of injury, 19
1 (State of Country)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Piece Martilla 19 . U.Quate 12 . 1932	Nature of injury
19. UNDERTAKER (C) Meyer (Address) Morres ield W.Va.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lee 6, 19 By Harry St Oreces Registrar.	(Signed) A Julian D. (Address) - Julian D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balamore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107
County Alleganey	Registration Dist. No.
Village or City Infantory	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of stree( and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Role off art	
	L. St., Ward.
(Usual place of Labode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
5e. If married, widowed or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer)	I lest sew hamalive on Dee 7 8 19 2 Ideath is said
7. AGE Years Months Days If LESS then 1 dey,	to heve occurred on the date steted ebove, at 11-40 m.
0 0 ormin,	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	B
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc. 10. Dete daceesed lest worked et this occupation (month end	to the is fineming
SAW MILL, BANK, etc.	The state of the s
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
1 11 0 = 11 =	Carry
E	Name of a samples
14, BIRTHPLACE (city or town) (State or country)	Neme of operation Date of  What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Culuman	23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Classical Control Contr	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place fronting Date Dec 3/ 1957	Menner of injury
19. UNDERTAKER Scob Hoter (Address) Tracking and	24. Was disease or injury in any way releted to occupetion of deceesed?
20. FILED 12/24, 192 ~ Q. R. Dytuku	(Signed) M. D. (Address) Handle 17 1 d. M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	146 A 1993	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Charles Services	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURNAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Everyftem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-RGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH		
County		Registration Dist. No.  No. Rout 2 St., (If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death	occurredmos	ds. How long in U.S. if of foreign birth?mosds		
2. FULL NAME Almira.	Johnson.			
(a) Residence: No. Rout 2		St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
	INGLE, MARRIED, WIO OWED, OR DIVINGED Wite tha word)	Dec • 12 • 19 )2		
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of John.L.Johns	on	(Month) (Day) (Year  22. I HEREBY CERTIFY That I attended deceased  1932, to Jee 4 198		
6. OATE OF BIRTH (month, day, and year) Feb.	4.1842	Host saw her alive on 12 4 1932; death is said		
7. AGE Years Months 90. 10	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a Amm.  The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:  Oate of onset		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	At Home  11. Total time (years) spent in this occupation	Ortario-sclarosis Conta Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (Stata or country)	Md	-		
# 13. NAME Oliver Twigg				
~	[đ	Name of operation Date of Was there an autopsy?		
置 15. MAIOEN NAME Mary Stall	ings.	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIOEN NAME Mary Stall 16. BIRTHPLACE (city or town) (State or country)	Md	Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT Lee Johnson. (Address) Cumberland	l. Md Rout 2	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Zimmerla oa	ne Dec 14.1932	Manner of injury		
19. UNOERTAKER John.C.Wolfo (Addigss) Cumberland		24. Was disease or Injury In any way related to occupation of deceased?  If so, specify		
20. FILEO NEC 14, 1932 57	Bennett Registrar.	(Signed) Herry M. C. (Address) The Line of the Manual Manu		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ż

should state of OCCUPA.

1. PLACE OF DEATH	ALE LIMITS 46
County Mugany	Registration Dist. No. 7
Village or City Comberland	No. 354 St., W
Length of residence in city or town where death occurred 35_yrsmo	
2. FULL NAME Warn Viramia for	lmsm
(a) Residence: No. 3540 Bulford	St. 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR PROCED (wyle the word)	21. DATE OF DEATH
o. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased I
(or) wire or	7107.7 1927, to Dec. 14 193
DATE OF BIRTH (month, day, and year) hand 19. 1884	I last saw h alive on Dec 12 1932; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at/ 4m.
48 8 25 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Were as rollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	June : Memerous growths at-
9. Industry or business in which	
work was done, as SILK MILL, Knother Incolor	tacked to perstonerma Caimany seat of
10. Date deceased hast worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation.	Jans not involved a Devotion one year,
this occupation (month and 32 spent in this occupation occupation	Other Contributory Causes of importance:
BIRTHPLACE (city or town) Martinshing	Other Controllery Cartes of Importance.
(State or country)	- Cystis Turnor recoverd. which 140
13. NAME John W. Johnson	mon Concoración - from partoneum.
14. BIRTHPLACE (city or town) martinstung	Name of operation Recurrent of Cyclin Same Date of 201. 2
(State or country) B. Va O	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME man C. Sheller	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Santillia	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
has Employed diskers	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE,
(Address)	
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bellemment, Undate NUL 16, 1932	Nature of Injury
9 . 11. 19.01	
(Address)	24. Was disease or injury in any way related to occupation of deceased?
(risults)	(Signed) July & Trans
FILED Lec 16 1937 Makeur OF Verso	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

V. S. No. 1

Jo	plu	200	
item	sho	) jo	
ery.	INS	ent	
). E.	SICL	atem	
ORI	HYS	t st	
REC	-	Ехас	
LNE	LLY	d.	
ANE	V CJ	ssifie	
ERM	EX.	cla	e.
AP	per	perly	ificat
SIS	sta	pro	cert
HIS	be	be	jo :
. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.
Ż	E sl	t it	on
DNI	AG]	tha e	tions
'ADI	ed.	18, 8	truci
UNF	ilqqı	term	ins :
TH	ly sı	lain	Sec
W	reful	in p	ant.
ILY,	e ca	ATH	port
LAID	ld b	DE	ry in
E P	shou	OF	s ver
RIT	tion	USE	NO
M	mai	CA	TIC
. B.			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12739
County allegain	Assistration Dist. No.
Village or City Carolina Village Of City City City	No. Oddies NAME instead of street and number)
Length of residence in city or town where death occurred y's	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborg F	ng
(a) Residence: No. /// Clearly place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OF THE
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 9-32	I last saw has alwe on the first said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Sliller
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Willow King	
13. NAME Willow Rug  14. BIRTHPLACE (city or town)  State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Treme Roma	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLEY AND STAND	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	· Manner of injury
Place one Hall Coure Date Mee 7-, 1932	Nature of injury.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
David and Balma +4/Ch	(Signed) M. D.
20. FILED COLOR 9., 1950 Market V. V. Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		KECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	MARGIN RESERVED FOR BINDING	D FOR BINDING
-WRIDE PLAINLY, WIT	TH UNFADING INK-TH	-WRIDG PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be carefull	y supplied. AGE should	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in pl	ain terms, so that it may	CAUSD OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	See instructions on back	of certificate.

STATE OF MARTLAND—	CERTIFICATE OF DEATH 12730
1. PLACE OF DEATH	- 50
County allegany	Registration Dist. No.
Village or City Loucesoning, mi	Q No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos ds
2. FULL NAME Mahala Kirk	wood
(a) Residence: No. allegany. ff. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEFORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 193/, to Dec 74 1932
6. DATE OF BIRTH (month, day, and year) R	I last saw have alive on Alive 5 , 1922; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 7 P _m.
5-5 11 2 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Hause work SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which	Caremona of break sept.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dato deceased last worked at Dec. 11. Total time (years) this occuration (month and	1930
year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Waryland (State or country)	
13. NAME charles Kirburad	
13. NAME Charles Kirhwood  14. BIRTHPLACE (city or town)	Name of operation
(State or country) Nova & colin	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary a. Ducheroth	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mary a. Duchworth  16. BIRTHPLACE (city or town) - 211 ary land  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT George W. Kirhwood (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BUBJAL, CREMATION, DR REMOVAL	Manner of Injury
Lowerel Hill Cemetral Dec, 10, 19.32	Nature of injury
19. UNDERTAKER M. Eichhosm.	24. Was disease or injury in any way related to occupation of deceased? The lf so, specify
20. FILED SLR. 10, 183/ 2. Con 12 form	(Signed) Hury M. Hodger M. C
Registrar,	(Address) Jether Manager V. S. Noch.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATTETIOSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAR V.S.			0 "
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL OF ACT FOR FURTHER STATEMENTS BY PAISICIAN

ADDITIONAL SPACE FOR EUDTHER STATEMENTS BY DIVERGIAN

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of i	County allegonia	Registration Dist. No.
item shou of O	MIN C Village or Oity IMIT To left truff of	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS of statement		S. Jos. How long in U.S. if of foreign birth? yrs. mos. ds.
RECORD.  PHYSI  Exact state	(a) Residence: No. 3 0 5 f vort (Usual place of abode)	St., Ward If nonresident give city or town and State
PP PP act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. It married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
A C Ssife	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from 12/2/2/1932, to 12/26, 193
FOR BIN IS A PERM stated EX, properly cla certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$2.252.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
HIS pe pe pe of of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows:  Date of opset  1 2/23
NEADING INK—T. oplied. AGE should erms, so that it may instructions on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) spent in this occupation.  12. BIRTHPLACE (city or town) Catalogue of the second of the	Other Contributory Causes of importance:  aralities Llieus 12/25/
TH Uly sur	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
E PLAINLY, WITH should be carefully OF DEATH in pla	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
E S E	18. BURIAL, CREMATION, OR REMOVAL Place Date 128, 19.3.2	Manner of injury
B. WRIT mation CAUSI	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
ż	20. FILED Alle- I, 19.3 X Registrar.  If more blanks are needed, address State Registrar,	(Signed)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIDDITION TO	OLITOI	LOIL	I CICIIILIC	DIMILIMIDINID	DI	LHIBICIAN

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF-DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	206-6
County Allegany WATHIN CORD	Registration Dist. No.
6 / 2 2 /	710 - 11. 1-1-
Village or City Control (If	No. Cally Mary Arthur St., Ward death occurred in a horbital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred & B_yrs,mos.	2 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Reamald Frans d	ashley -
(a) Residence: No. 230 Selesu	St., 4 Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Service OR DIVORCED (write the word)	Dec. 30, 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(4) 1112 4	Dec 29,19,32,10 Dec 30, 1932
6. DATE OF BIRTH (month, day, and year) May 2, 19 U	I last saw h dive on D death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et 5 m.
28 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation groups and the same of the same	various leur
9. Industry or business in which	
work was done, as SILK MILL, Sllg, Ussn.	
11. Total time (yeers) this occupation proposition and 9 32 spent in this occupation.	
this occupation month and 3 32 spent in this 3 gro	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) & combalance	Other Conditionary Causes of Importance.
(State or country) MA	
13. NAME Thomas B. Lahley	
13. NAME Whomas B. Leahley 14. BIRTHPLACE (city or town). Therefore Construction of Constructi	Name of operation Date of
(State or country)	What test confirmed diagnosis?
# 15. MAIDEN NAME CARRIE Grand.	
H C C C	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homiside? Date of injury 127, 19
(State of County)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Sump dashley mis	
(Address) X Cambridge (MV)  18. BURIAL, CREMATION, OR REMOVAL	The state of the s
Place Nose Will Date Jaw 2 1933	Manner of injury
	Nature of injury
19. UNDERTAKER douge Stew Inc.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Oussleyand Mill	If so, specify
20, FILED Lee 31, 1937 Haraly & Meise	(Signed) M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SAU E NVI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CLAP	V
---	------	---

1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF CEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	
1.	Jo ma	plnod	220		
	ery it	NS	ent of		
	D. Ev	SICIA	tatem	1	
	ECOR	PHY	act s		
	YT R	LY.	. Ex		3
DING	ANE	CT	ssified		
BINI	ERM	EX	y class	te.	
OR	SAP	ated	roperl	rtifica	
ED F	HIS I	be st	be p	of ce	
ARGIN RESERVED FOR BINDING	K-T]	pluod	may	back	
RESI	G IN	GE S	that it	no su	
NIE	ADIN	ed. A	S, S0	ructic	
AR	UNF	uppli	term	e inst	-
	VITH	ully	plain	t. Se	
	LY, V	care	TH ir	portar	
	MAIN	ıld bi	A P	ry im	
	TE P	n shou	E OF	is ve	
V. S. No.	-WRI	mation	CAUS	TION is very important. See instructions on back of certificate.	
S. No.	. B.				100
>	Z				d

V. S. No. 1

STATE OF MARYLAND—			YLAND-	CERTIFICATE OF DEATH 12733
1. PLACE OF	DEATH			126
County ALLEGANY WITHIN CORPORA				Registration Dist. No. 4
				No. MEMORIAL HOSPITAL St, 6-/ Ward
				f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
			3	
(a) Residence:	No. 14 S. I	EE STRI	SET	St., / Ward.
(Usual place of abode)				If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.				MEDICAL CERTIFICATE OF DEATH
FEMALE  4. COLOR OR RACE WHITE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED			D (write the word)	21. DATE OF DEATH  December 18, (Day) (Year)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AARON LAZARUS				22. I HEBEBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (mon	th day and year	ulv l.	1860	I last saw hay alive on 1927, to 1937; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10:25 mAM
72	4	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation occupation				Date of onset 12-7-35
			~~	12 days all by Dette have
				Clear asheathirt and
			ent in this	/2,/3,3
12. BIRTHPLACE (city or town) MARYL AND				ther Coutributory Causes of importance:
(Stata or country)				Duanitian - lust
14. BIRTHPLACE (city or town) GERMANY				al a the Structure County
14. BIRTHPLACE (city or town) GERMANY				Name of operation Challey tuly Date of // - 19-37
(Stata of country)			0	What test confirmed diagnosis? Was there an aulopsy?XCO
15. MAIDEN NAME	CIPIO	DEAL BEY	worm_	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16, BIRTHPLACE (city	,,,,	RMANY		Accident, suicide, or homicide?
MEMORTAL HOSPITAL				Where did injury occur?
17. INFORMANT (Address)	UMBERLAND.	MARYL.	AND	Specify wholes injury securica in Moderni, in Home, of the oblide FEAGE.
18. BURIAL, CREMATION,	OR REMOVAL	10	100 30	Manner of Injury
Placa_ O	B/	Date /	/ 20,1932	Nature of injury
19. UNDERTAKER (Address)	in stein	Ine	-	24. Was disease or Injury in any way related to occupation of daceased?
20. FILED Dic1	9,193v Ha	-ayth	NC.	(Signed) at Hawkeus, Mo.
	16	blanks and model	Registrar.	(Address) Culture Way

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis   RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 109	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. N. B.

1. PLACE OF DEATH	——————————————————————————————————————
County Allegany WITHIN CO	RPORATE LIMITS Registration Dist. No.
Village or City Cumberland	No. Memorial Hospital St. 6 / War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long In U. S. if of foreign birth?yrsmosd
2. FULL NAME LEHMAN MELVIN	
(a) Residence: No. 7 HUMBERT ST	st., 6-3 ward. CUMBERLAND MD
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFACATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
White OR DIVORCED (write the wo	Deembly 30 , 193 V (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of HOUPT MABEL	12. 12 1972, to 12-30 1937
6. DATE OF BIRTH (month, day, and year) AUGUST 4, 1901	
. AGE Years Months Days If LESS t	
31 4 26 1 day,	war as follows:
8. Trade profession or particular	Pate of onse
kind of work done, as SPINNER, Bullet	Class
9. Industry or business in which	193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (months and	
This occupation (month and ) // Spail I I I III 2 1	/
year) occupation	Other Contributor Causes of importance:
2. BIRTHPLACE (city or town) PEN NSYLVANIA	
(State or country)	- Harapelphrogue inglet
13. NAME LEHMAN HUMPHREY  14. BIRTHPLACE (city or town)————————————————————————————————————	with infliction
14. BIRTHPLACE (city or town)	Name of operation negularland Onte of 12-30
(State of country) I INIVA	What test confirmed diagnosis Quito No. Was there an autopsy? 44
15. MAIOEN NAME HARDIN, MARY	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME HARDIN, MARY  16. BIRTHPLACE (city or town)————————————————————————————————————	Accident, suicide, or homicide? Date of injury19
(State or country) PENNA	Where did injury occur?
7. INFORMANT MEMORIAL HOSPITAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) CUMBERLAND MD	
8. BURIAL, CREMATION, OR JEMOVAL	Manner of injury
Place Derline 12, Date Ham 2, 19	Nature of injury
9. UNDERTAKED Character A	24. Was disease or infury in any way related to occupation of Deceased?
(Addyess) political	If so, specify
10 FUEDO (00/3/ 1032/ 08/ 1/ 1/07	(Signed) Though And M.
20. FILED Jakes Registry	Lead 1
Y	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	li ani
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACES FOR	R FURTHER STANDMENTS BY PHYSICIAN
My T	all and in a land or on
money locales	a well organized from yearing
manufacture in right	aware musical smy on
John strings,	

B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WATH UNFADING INK---THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

7. S. No. 1

ZE.

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
1	County Old G	Registration Dist. No
V	Tillage or City A Surage (No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instend of atreet and number.)
=	<sup>2</sup> FULL NAME	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	MARRIED, WIDOWED OR DIVORCED LUG (Write the word)	(Month) (Day) (Year)  Thereby Sertify, That I attended the deceased from
6	(Month) (Day) (Year	that I last saw h allve on 192
7	AGE	and that death occured on the date stated above, at
	Till Tom I dayhrs.	The CAUSE OF DEATH * was as follows:
	yrs	Fremature Bust about mor Seguerain de
1	BIRTHPLACE (State or country) A avogo md	Contributory Secondary  (Durstick)  yrs
	11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME  12 MAIDEN NAME  13 BIRTHPLACE OF FATHER (State of country) 14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 BIRTHPLACE OF FATHER (State of country)	*State the Discase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
- 11	12 MAIDEN NAME OF MOTHER MILLIE BLU	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	18 BIRTHPLACE OF MOTHER (State or country) Mt avage null	At place of death yrs mos. ds. In the State, yrs ntos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) & Karolo Flumper	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed 10/2 1923 A TO Stuttum Registral	po UNDERTAKER  LEO UNDERTAKER  LEO LUMBER FATTUR  FATT

16,100

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health state occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Laborer er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Fcrmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enengineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Locomolive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"; obsar pneumonia. Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "(Inanition," "(Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably succide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstit al nephritis, by ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage," Committee on valvular heart disease; etc. The contributory Nomenclature Always qualify all death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12730
infor- state UPA.	1. PLACE OF DEATH	11-6
	County Illedand	TS OF Registration Dist. No.
item of should of OCC	Village or City & Frostburg (If	No. Manager of the Ma
70	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. N of foreign birth?yrsmos
ND. Every YSICIANS statement	2. FULL NAME Sarah Tresa X	email
O. I SIC ate	(a) Residence: No.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
, K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
C T I	5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased fr
A C assifi	(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased fr
N 2	A DATE OF BIRTH (most down of SA 1000	Hast saw her alive on Dec 11 1932 death is si
rly sate	6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, et 6. 40 Pm.
stated E properly certificate	55 10 13 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
stat pro certi	8 Trade profession or perticular	Mere es rollows:
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	apparently acute
nay back	9 Industry or business in which	( Influence encephalitis Dec
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked et this occupation (month and	19.
6 4 60	10. Oate deceased lest worked et this occupation (month and year) spent in this occupation.	
AGE that ons	D + D	Other Contributory Cames of importance:
so	12. BIRTHPLACE (city or town) Old State or country)	myllenza
supplied. AGI n terms, so tha ee instructions	# 13. NAME Henry Lenard	/93
	I	Name of operation 227 Oate of
.= TD	14. BIRTHPLACE (city or town) Soston Mass	Whet test confirmed diagnosis? Clin Finding athere en autopsy?
The same of the sa		23. If death was due to exteroal causes (VIOL ENCE) fill in also the following:
reful in p	I and the full man	Accident, sulcide, or homicide?
TTH	(State or country)	Where did injury occur?
be be	Clara MS. +	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
uld UD	17, INFORMANT Lata C. Phile (Address)	open, month man, countries in the section, in the man, or the section takes.
should OF D	BURIAL, CREMATION, OR REMOVAL	Manner of injury
(A) 1847	Place 1 Develous Oate lec 14, 1982	Nature of injury
CAUSI	19, UNDERTAKER 99 Leversh	24. Was disease or injury in any wey related to occupation of deceased?
EOH	(Address) A sant began	If so, specify
	20 EUED //3 103Y QIP, Wacker	(Signed) Wom Land
	20. FILED Registrar.	(Address) Frankly
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

IARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons en Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) If the occupation has been changed Automobile factory. The Laborer-Coal mine, etc. Wom-Locomotive not gainfully em-(6) materia engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Tas fracture of skull, and consequences (e. g., sepsis, approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marashus," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; etc., Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease affection need not be etc. valvular heart Nomenclature Always qualify all The contributory disease; Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS ARGIN RESERVED FOR BINDING

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 B. ż

PHYSICIANS should state

of OCCUPA-

-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	ODATE LIMITE
	County alleg any WITHIN CORPC	ORATE LIMITS Registration Dist. No.
	Village or City Cunfelland med	No. 528 Wood wile Ave St. 5 Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos	d. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Susan Calherne	Laght
	(a) Residence: No. 578 Wordowce an	est, Us Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	female White Widow	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY That I attended deceased from
	(or) WIFE of Solvey S. Leght	nov. 20 1992 1 Lac 23 1939
e.	6. DATE OF BIRTH (month, day, and year) business 2 1854	I last saw h. 4 alive on Loc 25 , 1952 death is said
certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3-4m.
rtif	79 1/3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular	Chronic Applica
Jo	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	myocardote 1981
on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
no	0 10. Oate deceased last worked at this occupation (month and spent in this	
ns	year) occupation	Other Coutributary Causes of importance:
instructions	12. BIRTHPLACE (city or town) Little Oileans	Other country classes of importance.
truc	(Stata or country) M. A.	apoplety 1982
inst	13. NAME Henry Sweetger	
See	14. BIRTHPLACE (city or town)	Name of operation. Date of
SO	(State of country)	What test confirmed diagnosis? Was the arrantopsy: he
int.	15. MAIDEN NAME CONSTRUCTED	23. If death was due to external causes (VIOLENCE) fill In also the following:
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
upc	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Kirk Light, (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Hill breast Date Sec 26, 19 32	- Nature of injury
FION	De la company	24. Was disease or injury In any way related to occupation of deceased? No-
E	19 UNDERTAKER Lower Recommendation (Address)	If so, specify
	The state of the s	(Signed) UR Hudgly , AM. D.
	20. FILED Registrar.	(Address) Cumbarland Jud
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING

RESERVED

mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	O	98	•	
	XA	5	cat	
	- T	r y	H	
	tec	bed	er	
	Bta	pro	f c	
	90	0	2	
	9	y	aci	
	5	na	0	
	'n	==	0	
	F	at	138	
	AC	th	tio	
		80	on.	
	ed	8	Str	
		r.	Ë	
	3ng	te	99	
	>	air	9	
	2	0	int	
	re	드	rta	
	ca	I	od	
	90	Y	E	
	D		7	
	no	F	70	
	Sh	E	00	
	2	US	N	
,	stlo	CA	Ĕ	1
	F	0	V C	3
	Por	tat	2	
	in	(0)	ŏ	
	of	plu	Ď.	
	٤	hor	5	
	Itel	00	neu	
	. BEvery Item of information should be carefully supplied. ACE should be stated EXAC'	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate.	
	Ver	M	tat	
	H	Q	60	
	m			

PLACE OF DEATH County Callsaum	STATE OF CERTIFICATI	
Cha Ta	Registration	Dist. No. 12
Village or City (No	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JOLO. 3	/1 1932 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I at LC. 25 1932 to that I last saw by Silve on Oll.	
7 AGE   If LESS than   1 dayhrsds.   ormin.?		d above, at 11.4.5.A., m
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Oernilius Um Ore (Durstion)	yre rece de
9 BIRTHPLACE (State or country) maryland	Contributory Secondary (Durstion)	
10 NAME OF FATHER Walter Stiffeld  11 BIRTHPLACE OF FATHER	(Signed) 192 & (Address) With the Disease Causing Death	M. D.
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	At place of deathyrsmos,ds. In the Stu-	e ateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Address) willand ind	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed Dec, 31 1922 R Staken Registrar	20 UNDERTAKER	ADDRESS
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvaul, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	A PERMANENT RECORD, Every item of inforted EXACTLY. PHYSICIANS should state	Exact statement of OCCUPA-	
,	Every	tement	
	ORD. HYSI	t stat	
•	REC Y. P	Exac	
OR BINDING	MANENT	operly classified.	
BII	PERE	operly c	ato
OR	A	pper	2111

	County A	llegany	7			Registration Dist. No	
			Savag			Ma	04 14/
					(1)	leath occurred in a hospital or institution, give its NAME instead	of street and number)
	Langth of res	dence In city	or town whera	daath occurred	yrsmos	ds. How long In U.S. If of foreign birth?yr	s
2.	FULL NA	ME Ged	orge Lo	tz			
	(a) Residen	ce: No				St., Ward.	
					ce of abode)	If nonresident give city	
				ICAL PART		MEDICAL CERTIFICATE OF D	DEATH
3. SE	Male	4. COLOR (	te	S. SINGLE, MA OR DIVORC	ARRIED, WIDOWED, CED (write the word) ET	21. DATE OF DEATH  1225 (Month) (Da	y) (Yaer)
5e. I:	f merriad, widow HUSBAND of (or) WIFE of	ed, or divorce	lowed	7 E	sol	22. I HEREBY CERTIFY, That 12251932, to 122	
			. J. J.	amuary 1	5. ==1848	Hast saw h Dead awhon I saw him	
7. AC	ATE OF BIRTII		Months	Devs	If LESS then	to have occurred on the data steted above, et . 3. P.m.	, 15, deeth 15 5a
	84		11	16	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of imp	ortance Date of onse
TION	Freda, profession, or particuler kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc					Appoplexy	
OCCUPAT	Industry or work wa SAW MII	done, as SIL! L, BANK, etc.	K MILL,	In mine		He was dead when I arrive	d
8	this occu	ad lest worked pation (month	and Ha.SI	nt worked	tinte (mears 20yrs .		
12. B	BIRTHPLACE (ci (State ar cou		Ivver	gise Gern	nany	Other Contributory Causes of importance:	
	13. NAME	George	Stein	our			
FATH	14. BIRTHPLACE		-	rgise Ger	many	Neme of operation	Date of
E	(State or	,	)			Whet test confirmed diegnosis? W	
HER	15. MAIDEN NA	ME Ca.	therine	e Lotz,		23. If death was dua to extarnal causes (VIOLENCE) fill In elso	
	16. BIRTHPLACE	(city or town	Ivve	rgise Ger	many	Accident, suicide, or homicide? Date of In	
17, 1	NFORMANT]	irs. Ca		e MCKinzi	•	(Specify city or town, co Specify whather injury occurred in INOUSTRY, in HOME, or in	unty and State) i PUBLIC PLACE.
18. B	(Address) BURIAL, CREMAT Plece_Bui		vage IOVAL Sava	re Oate Al	28,1932	Manner of injury	
19. U	INDERTAKER (Address)	1	Du	sax	1	24. Wes disease or injury in eny way releted to occupetion of d	
	ILED/Jer.	17	22/N	LRO	till les	(Signed)	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

o had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.-The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10,—The month and year the deceased last worked at the occupation.

11, -The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of work done and return that, as spinner, weaver, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

иасhinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a move precise statement

of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the should be called a salesman and not a clerk.

Took I	Gastroenteritis	8261,1 yold	səuojsį
	Other contributory causes of importance:		Other contributory causes of importance:
	. RECEIVED		***************************************
3 quils alo	Perilonilis Perilonilis	LEGI'G NINT	Cerebral hemorrhage
I week ago	Run over dis street cur	1261	Chronic interstitial nephrilis
ा १६६६ वर्ष	Allack of epidepsy	2161	Arteriosclerosis
taeno to ated	swollot as arow agastrodmi to	see of onset	The principal cause of death and related causes of importance were as follows:
	Example II		Example, 1

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

should state

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	19739
1. PLACE OF DEATH	WITH OOD	(3)	10130
County Miligary	. WITHIN CORF	ORATE LIMITS Registration Dist. No.	4
Village or City Comberla	nd	No. 437 ascension St.	6-/ Ward
Length of residence in city or town where deal		death occurred in Anopital or institution, give its NAME instead of street and street an	
	· / J	100 long in 0.3. If of foreign differ	_mosus.
2. FULL NAME OLARIS	el le Zinc		`
(a) Residence: No. 437 W	(Usual place of abode)	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
male 1. COLOR OR RACE 5	SINGLE MARRIED, WIDOWED OR DIVORCED (2 fite the word)	21. DATE OF DEATH (Month) (Day)	193.7.2. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Sne	mole.	22. I HEREBY CERTIFY. That I attended	ed deceased from
6. DATE OF BIRTH (month, day, and year)	~ 23 1892	1 last saw h it alive on Lec 7 198	hice si death . 2
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6 :50 km.	22, 00000 10 0010
40 -	/3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	111 :-	Endrandetis &	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nesmiss	procardeles	1924
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	sil und.		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
NA PURTURA ACT (Allers Augus)	1 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	eyeard.	hephrelis	1920
13. NAME Victor In	an.		
14. BIRTHPLACE (city or town)		Name of operation Date of	
(State or country)	$\nu$ ,.	What test confirmed diagnosis Clemed Was there a	,
15. MAIDEN NAME Chona Co	longer	23. If death was due to external causes (VIDL ENCE) fill in also the follow	ring:
15. MAIDEN NAME COMMENTED TO SERVICE (City or town) (State or security)	10	Accident, suicide, or homicida? Date of injury	, 19
∑ (State or equntry)	u.	Where did injury occur? (Specify city or town, county and S	State
17. INFORMANT mo land (Address) Combal	Luças.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, DR REMOVAL	10, 11 22	Manner of injury	
Place MAL /ALL CLIN	Date NUC // , 1932	Nature of injury	
19. UNDERTAKER Lemis Stein (Address)	I Ind	24. Was disease or injury in any way related to occupation of deceased?	po
20. FILED DECITY, 19.37 Has	Registrar.	(Signed) (Addless) Cumbulana	Inol M. D.
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		davia-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Letter under Weiss 1/27/33 auchorging change in date of feling

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	207-9			
County Ollega WITHIN COF	RPORATE LIMITS Registration Dist. No.			
Village or City Carlos (If	No. 13 + 8. Viaduatave Will G: Ward death occurred in a hospital or institution, give its NAME instead of street as number)			
	ds. How long in U.S. if of foreign birth?mosds.			
2. FULL NAME George C. Tha	ekert			
(a) Residence: Non-leady al - La Vale	St., / Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S_SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH			
3. SEX  4. COLOR OR RACE S SINGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Dec 25 1932			
male Warried Married	(Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (et) WHE Of	22. I HEREBY CERTIFY, That I attended deceased from			
myra Hauser	, 19, to, 19			
6. DATE OF BIRTH (month, day) and year) 24-1891	I last saw h alive on f, 19; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at			
4.1 6 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
Z 8. Trade, profession, or particular kind of work done as SPINNED 1	7 fead saveral from Data of onset			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	books on Railread travelec 25			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Struck by engine			
	on Viaduet orgy Will Grack			
11. Total time (years) this occupation (month and year) year)	accidental			
2000	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)				
# 13. NAME Quant Wackert				
13. NAME (Cart or own) 14. BIRTHPLACE (city or own)	Name of operation Date of			
(State or country)	Name of operation Date of Was there an autopsy?			
15. MAIDEN NAMES thering reller	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAMES therine Treller  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide Recorded Date of injury Date 15, 19 3			
State or country)	Where did injury occur? Caralle Land md.			
17. INFORMANTING There washert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Englished d. M.d.	B+O. R.R. right of Way.			
18. BURIAL CREMATION, OR REMOVAL DO	Manner of injury Wead sales			
order Y Compate Nec 28, 1932	Nature of injury Recialental			
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?				
(Address) Callegaland Md	If so, specify			
20 FILED Wer 28 1930 Harney 1hote	(Signed) Havey Man Records			
Registrar.	(Address) Cambraland Ond:			
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	EEET 75 1933	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	063/11-	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones :	May 1,1923	Gastroenteritis		1 year

æ ż 18. BURIAL, CREMATION, OR REMOVAL

17. INFDRMANT \_. (Address)

19. UNDERTAKER

(Address)

(Stata or country)

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	744
1	County Alfguny Village or City Length of residence in city or town where death or		ORATE LIMITS  Registration Dist. No.  No. 30  St., death occurred in A hospital or institution, give its NAME instead of street and n  ds. How long in U. S. if of foreign birth?  yrs	
:	2. FULL NAME Annie (a) Residence: No. 309 9.	Inarie S Centre (Usual place of abode)	Anadden. St., 2 Ward.  If nonresident give city or town and the second s	
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. S.	NGLE, MARRIED, WIDOWED, DIVORCED (write the world)	21. DATE OF DEATH Dec (Month)	193 2 (Year)
6.	If married, widowed, or divorcad HUSBAND of (or) WIFE or	Days If LESS than 1 day, hrs. or min.	22. I HEREBY CERTIFY, That I attended on 19 19 19 19 19 19 19 19 19 19 19 19 19	deceased from  / 1967  ; death is said  Date of onset  /2-/4-3
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11 Total time (vesse)		
12	BIRTHPLACE (city or town) (State or country)  13. NAME  This occupation (month and year)  (State or country)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance: Chronic Bronchilis + Chronic Angreathilis	
IER FATHER	14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Sachara 6	Mi mahow	Name of operation Date of What test confirmed diagnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill in also tha following:	
MOTHER	16. BIRTHPLACE (city or town)	hart	Accident, suicide, or homicide? Date of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was diseasa or Injury in any way related to occupation of deceased?

(Specify city or town, county and State)

Where did injury occur?\_\_\_

(Address)

Manner of injury

Natura of Injury.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S'A AVARAGE	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis SEN 3	3 days ago
		GEAROSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

1. PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH	4 10
County Allegan	William de la c	Registration Dist. No.	ef.
Village or City	-la-d	No la altan d'unacest	6 Wa
		death occurred in a hospital or institution, give its NAME instead of street and i	number)
Length of residence in city or town where	death occurred & P yrsmos	ds. How long in U.S. if of foreign birth?yrsm	)S
2. FULL NAME / Oction	M. Willey		
(a) Residence: No. 6 MCL	(Usual place of abode)	St., 5 Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3-SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male White	OR DIVERCED (write the word)	(Month) (Day)	, 193 7 (Yaar)
5a. If married, widowed, or divorced HUSBAND of	Q 11	,	
(or) WIFE of	Immples	22. I HEREBY CERTIFY, That I attended	deceased 1
6. DATE OF BIRTH (month, day, and year)	1. 17 1866	I last saw hair dire on Den 8 193 >	: death is s
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at about must my	nd4
6b 4°	2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	111111	Organio Heat Deserm	Date of or
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	ypostere	P	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	in mature	found head buling in hon	
D. Date deceased last worked at	11. Total time (years)	had not lace planed Hor meter	
this occupation (month and year)	32 spent in this 40g	to has paper a comp	
12. BIRTHPLACE (city or town)	lesland	Other Contributory Causes of importance:	
(State or country)	Ind.		
H 13. NAME / M Car	ull truller		
14. BIRTHPLACE (city or town)	9100000000	Name of operation Date of	
(State of codintry)	· company .	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Cathern		23. If death was due to external causes (VIDL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Germany.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
24	11.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACF
17. INFORMANT (Address)	whole I		
18. BURIAL, CHEMATION OR REMOVAL	. 1/1	Manner of injury	
Place of Antols Can	J Date 20 10, 19 32	Nature of Injury	
19. UNDERTAKER Lorris Ster	wome.	24. Was disease or injury in any was related to occupation of deceased?	
(Address)	gila d	If so, specify	
20. FILED Lee 12, 1937 (M)	armed Mens	(Signed)	
	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attock of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

PHYSICIANS

Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

m

1. PLACE OF DEATH	93-2	
County Allegarms . WITHIN COF	RPORATE LIMITS Registration Dist. No.	4
Village or City Constaland.	No. 344 Central Acest,	Ward
./-	ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Charles a Smitche	· ll	
(a) Residence; No. 344 Bental An (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day)	, 193. <b>2</b> (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Grany 2. Hall.	22. I HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) June 30 1870	I host saw h. in alive on Lee 8 , 1952	; death is seid
7. AGE Years Modifis Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Admin SAWYER, BOOKKEEPER, etc.	pyocardilis	1931
kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occuration (month and this preparation from the second and the second a		
10. Oate deceased last worked at this occupation (month and 1931 spent in this occupation 30 g		
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:	19,7
		1,70
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there and	lus
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of injury  Where did injury occur?	
17. INFORMANT many Inthell	(Specify city or town, county and State Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) .ACE,
18. BURIAL, CNEMATION, OR REMOVAL  Place One Oate 13, 1932	Manner of injury	
19. UNDERTAKER Imis Stein Inely	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED Lee 13, 1937 Harrier Den	(Signed) WR Hodge	M. D
Registrar.	(Address) Cumbertano,	7017

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 1	3 days ago
		I SECEIAS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	(lastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH WITHIN CORP.	BATE 1			
County allegans	Registration Dist. No.			
Village or City Campbelland (If	No. St., S Ward death occurred in a hospital of institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.			
2. FULL NAME	air)			
(a) Residence: No. (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Rec 4, 1937	, 19, to, 19, 19; death is seid			
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	fam marthe Mollon			
O. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation				
12. BIRTHPLACE (city or town) Consulter lange (State or country)	Other Coutributory Causes of importance:			
13. NAME Stewer Cleice 14. BIRTHPLACE (city or town)				
14. BIRTHPLACE (city or town) (State or country)	Name of operation			
(State of Country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Lefa Marnick  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:			
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?			
17. INFORMAN A garrey O danger of	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL  Place Resultances Date Dev 4 1937	Manner of injury			
19. UNDERTAKER Sessay Olympia 2nd	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify			
20. FILED Dec 4, 1937 Harring & Prices Registrar.	(Signed) A La Marian M. D.  (Address) / / La Marian - Commonland for A			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

+	STATE	JF MA
UP	1. PLACE OF DEATH	
20	County allegan	ef.
o jo	Village or City	blierl
	Length of residence in city or town where	death occurred_
men	2. FULL NAME Office	lan
statement	(a) Residence: No.	(Usual pl
Exact	PERSONAL AND STATIST	ICAL PAR
	Hemale Shile	S. SINGLE, N
classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
	6. DATE OF BIRTH (month, day, and year)	ec) 4
properly	7. AGE Years Months	Days
t it may be on back of c	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Tot
erms, so that instructions	12. BIRTHPLACE (city or town)	wher
in t	13. NAME Journey  14. BIRTHPLACE (city or town)  (State or country)	O.
Ho	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Mari
A P	17. INFORMANT Degree (Address)	Olle
SE OF N is ver	18. BURIAL, CREMATION, OR REMOVAL Place Leading	Dete A
CAU	19. UNDERTAKER Descrip	Olive

TATE	OF	MARYLAND—CERTIFICATE OF DEATH	1
			-46

2749

1	. PLACE OF DEATH			<u> </u>	
	County allegan	A W	FAMIN COM	Registration Dist. No.	4
	Village or City	lies .		No Madieon St	3 Ward
		To a STET AND LANGING		death occurred in a hospital or institution, give its NAME instead of street and no	ımber)
	Length of residence in city or town where de	ith occurred	yrsmos	How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME Stelle	ione	Olas	uer)	
	(a) Residence: No.	mo	rdison	St., 3 Ward.	
		(Usual place o		If nonresident give city or town and S	tate
	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE	S. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	37
10	emale Ithite	Vin	gle	(Month) (Day)	(Year)
5a.	If married, widowed, or divorced HUSBAND of	0		22. I HEREBY CERTIFY, That I attended d	acessed from
	(or) WIFE of	3		19to	
6	DATE OF BIRTH (month, day, and year)	14	1937	I last saw h alive on	
-	AGE Years Months	Days	If LESS than	to have occurred on the date steted above, etm,	
	· tillian		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	8. Trade, profession, or perticular		1 01	were as follows:	Date of onset
ō	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.				
OCCUPATION	9: Industry or business in which			tam monthly storten	
3	work was done, es SILK MILL, SAW MILL, BANK, etc	1			
8	10. Date deceased last worked at this occupation (month and		t in this		
	year)	Occup	pation	Dther Coutributory Causes of importence:	
12.	BIRTHPLACE (city or town)	ellerla	and o		
-	(State or country)	00	ma		
FATHER	13. NAME Thenky	Oli	uer)		
ATI	14. BIRTHPLACE (city or town)	, section	- A A	Name of operation Date of	
	(State or country)	Mary	land	What test confirmed diagnosis? Was there en au	topsy?
OTHER	15. MAIDEN NAME Tuella	Waller	uch)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
OTI	16. BIRTHPLACE (city or town)		2	Accident, suicide, or homicide? Date of Injury	, 19
Σ	(State or country)	aryle	m	Where did injury occur?	
17.	INFORMANT Sterry	Ollin	er n	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	DE.
	(Address) Caropher	land	ma		
18.	BURIAL, CREMATION, OR REMOVAL	40	-14 22	Manner of injury	
ļ	Place Relatified	Dete / V	O.T.,199	Nature of Injury	
19	UNDERTAKER Renery O	lever	10 n	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) Carpelal.	carre	& mid	If so, specify	
20	FILED Dec 4 19 3 4 00	arend	Alma	(Signed) & Hamey Wison	M. D.
20.	, 19.		Registrar.	(Address)/20 Umas umlesland	Mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

4.4	Example	-II
Date of onset	The principal cause of death an of importance were as follows:	d related causes Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of imp	portance:
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death an of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street ear  July 5,1927  Peritonitis  Other contributory causes of imp

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(12:0)
County allegans WITHIN CORPO	PRATE LIMITS Registration Dist. No.
Village or City O Combuland	No. 2/0 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	
2. FULL NAME Dessie Francis Pa	thison
(a) Residence: No. 2/6 S Lee	St, / Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Imale White ORDIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Chaps. Flattures.	22. HEREBY GERTIFY. That I attended decreased from
6. DATE OF BIRTH (month, day, and year) Same 14 1884	I last saw her alive on Sec 7 9, 1932; death is seid
7. AGE Yeers Month's Days If LESS than	to have occurred on the date stated above, at 9.30 Pm.
48 6 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	10 1 1 1
9 Midustry or business in which	Colored embourne fee 28
work was done, es SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation month and year) spent in this occupation year)	25
and the second	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	demake to levkema Rect-3
II 13. NAME Therry Presce	Config SSSS
14. BIRTHPLACE (city or town)	Name of operationDate of
(State of country)	What test confirmed diagnosis? Mes Cos Cafe Was there an autops !!
I 15. MAIDEN NAME Saras a. Poliser	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Jaras A. Falker  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Rynls 11 Labate NLC 3 , 1932	Nature of injury
19. UNDERTAKER Lossio Stess 9ne.	24. Wes disease or injury In any wey related to occupation of deceased?
20. FILED Dec 29, 132 Marsey Mica	(Signed) (Address) Comberland M.D.
7	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	(iastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

V. S. No. 1

ż

1,	I. PLACE OI	ST/	ATE (	OF M	AR	· Danide	GERTIFIC	ATE	OF D	EATH	12	2751
	County_	A	llega	ny		GILY LIM	its	46)	Registre	ation Dist. No.		4
	Village or C	ity	mberl				No. Rout f death occurred in a hosp s. ds. How long	oital or institu	tion, give its l	NAME instead o	St., street an	
	2. FULL NAI	ME	Jen	nie.	Pat Md	Rout 3	St., Wa			sident give city o		
-	PERSON	AL AND	STATIST				MED	ICAL C		ATE OF D		iid State
3.	sex Female	4. COLOR O		5. SINGLI OR DI	E, MARE VORCED	RIED, WIDOWED, (write the word) OW	21. DATE OF I	PEATH	Dec (Month)	7.1952		, 193
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced Henr	y Pat	terso	on		22. 1 HE	REBY	CERT	I F Y That		(Year)
6	DATE OF BIRTH	month day an	d veer) D	ec 25	1.10	550	I last savies	alive on	Slec.	7	193	2; death is said
7.	AGE Yea		Months 11	9 Da	ys	If LESS than 1 day,hrs. ormin.	to have occurred on the PRINCIPAL CAU were as follows:			6.50.P	2	, death is said
OCCUPATION	8. Trade, profes kind of w SAWYER,	ork done, as S BOOKKEEPER	PINNER,	At H	ome		liver	en g	' Slo	mach	7	Date of onest
CUPA	9 Industry or 1 Work was SAW MIL	done, as SILK L, BANK, etc.	MILL,			**************	-					
00	10. Date decesse this occup	ed last worked pation (month a	et ind	11.	Total tir spen occur	ne (years) tin this pation						
12.	BIRTHPLACE (cit (State or coun		M	d			Other Contributes Co	auses of impo	ortance: lu	mp		1932
ER	13. NAME	Gefe	rson.	Deck	niel	ds						
FATHER	14. BIRTHPLACE (State or	country)					Name of operation What test confirmed d	k	hyric	aldias	Date of	n autopsy? Mo
IER	15. MAIDEN NAI	ME Ann	a. Ma	nahar	1		23. If death was due to			//		
15. MAIDEN NAME Anna. Manahan  16. BIRTHPLACE (city or town)						Accident, suicide, or homicide?						
17.	INFORMANT	Mrs Ge	o Kei	th Md I	Rout	, ,	Specify whether injury	y occurred in	(Specify of INDUSTRY,	ity or town, cour in HOME, or in I	oty and S PUBLIC F	rate) PLACE.
18.	BURIAL, CREMAT	on, or remo		Date	Dec	.10.1,95	Manner of injury					
19.	UNDERTAKER (Address)		C.Wol		. Mc	L	24. Wes disease or inju	iry in any w	ay related to	occupation of de	ceased?	No-
20.	FILEDOLOGIC	1.0,195	970	Harus	ep	Meesistrar.	(Signed)(Address)	Ci	MHO	delan	d,	And. M. D.
			If more	blanks are n	eeded, ac	Idress State Registrar,	2411 N. Charles Street, B	Baltimore, Re	questing V. S	. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	w = 0
1. PLACE OF DEATH	113	2152
County allogary . WITHIN CO	DRPORATE LIMITS Registration Dist. No.	_
Village or City Combuland.	No. 876 Columbia anesi	3 Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mc	osds.
2. FULL NAME Naryl torush th	relips	
(a) Residence: No. 8760 Columbia an	est. 3 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS  3.85% 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
OR DIVORCED (write Me word)	Luc 12	103 2
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
(di) HIL di	Lee 9 ,1932, 10 Lee 11	, 19.3 3
6. DATE OF BIRTH (month, day, and year) Uch 12 1932	I last saw h alive on Leve 14 1932	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of season
8. Trade, profession, or particular kind of work done, as SPINNER,	*	Date of onset
SAWYER, BOOKKEEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Clementary Trelly Crales	Inu
SAW MILL, BANK, etc		29
this occupation (month and spent in this occupation occupation		-
0.1	Other Contributary Causes of importance:	
12, BIRTHPLACE (city or town) (State or country)	Our Ourstelles	, , ,
	/ Washing	6 mls.
511		7.9
(State or country)	Name of operation	
	What test confirmed diagnosis? Was there an a	
	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(Orace of county)	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT USAL Mellips	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	M	
Place minto forth Classic Dec 131932	Manner of injury	
W . It . 10	Nature of injury	
19. UNDERTAKER Amo Allin Jac.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) lamberland	It so, specify A C week	
2D. FILEBY LEW 13, 1937 Warney Marie	(Signed) Curterland L	Led M. D.
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ll li	Example II	
Date of onset	of importance were as follows:	Date of onset
		1 week ago
July 5, 1927	Peritonitis	3 days ago
	STATE OF THE PARTY	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	952 AZ753
County allegans	Registration Dist, No.
	No. 119 Wayble St., Ward lift death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,m	osds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Thomas Phill	ips:
(a) Residence: No. 119 Walle (U(al place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED.  Whole Whole Widowed	21. DATE OF DEATH  (Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Control Selection Delta Portion	1 HEREBY CERTIFY, That I attended deceased from
(Or) WIFE of China Colezabeth Vhilly	Dec. 23 1934 to Dec. 64, 193.
DATE OF BIRTH (month, day, end year) Jan 1, 1878	I last saw h. Am, elive on Dec 23 , 1932; death is sai
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 6 a.m.
54 11 24 1 day, hrs	THE TRINGIPAL CAUSE OF DEATH and related causes of importance
1 8 Trade profession or particular Local Muses	· Ocute Cardise de companisation /2.23:
9. Industry or business in which a Book Huge	<u></u>
kind of work done, as SPINNER, Coalmet Type SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, How Hold SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months and this cocupation (months and thi	1
10. Date deceased last worked at this occupation (month and spant in this	<u>ay</u>
year)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) glamorganshue	8. Oc die Battanas
(State or country) South Wales	- Lacas of the
13. NAME William Phillips  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) South Wales.	What test confirmed diagnosis? Church Wes there an autopsy? h
15. MAIDEN NAME Rachael Javis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rachael Javise  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
16, BIRTHPLACE (city or town) South Wales	Where did injury occur?
7. INFORMANT Marshall Porter (Address) R. F. A. #5 Rumberland my	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allegany Consetergie Dec 27,193:	Nature of Injury
9. UNDERTAKER Cob Holer (Address) & Stations and	24. Was disease or injury in any way related to occupation of deceased?
Place in a Potteria	(Signed) Starley & Vilghman M.
20. FILED 121	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhuge	July 5, 1927	Peritonitis	3 days ago
JAN 6 Mos			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

- 41

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12754
1. PLACE OF DEATH	81.0
County algany	Registration Dist. No. 8
Village or City Apple Caperage	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital of historion, give its 14A1VIE, instead of street and number)  L.f. ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Colorabeth Bell (	Picker
(a) Residence: No. Langaring, Columnia	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED Fortice the word)  The standing of the sta	21. DATE OF DEATH (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) VLIEE-ef-	22. HEREBY CERTIFY, That I attended deceased from 1932, to New 9 , 1932
6. DATE OF BIRTH (month, day, and year) UN. 25, 1883	I last saw h.Co. alive on
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5+0; m.  The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	multiple heuritis 1930
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the company of the property of the company of	
11. Total time (years) this occupation (month and year) — 14.30 spent in this occupation all years	
12. BIRTHPLACE (city or town) Mayland (State or country)	Other Contributory Causes of importance:
13. NAME James Picken	
14. BIRTHPLACE (city or town) Olanyland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Janet Gardner	23. If death was due to external causes (VIOLENCE) fill in etso the following:
16. BIRTHPLACE (city or town). Scalland (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT CASS Sharion Sicken	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Class Hill quety Daja See 12, 1932	Nature of injury
19. UNDERTAKER ALL GACKENING AND GALLERY A	24. Was disease or injury in any way retated to occupation of deceased? If so, specify
20. FILED SIR 17 13 P. Z. Obe John Registrar.	(Signed) Hury In Hodger M. D.  (Address) Lowarmany Engl.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	65	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Data of onset
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 7 1000	July 5,1927	Peritonitis	3 days ago
	BUREAU V.	•		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	87.2
County Ally	Registration Dist. No.
Village or City Eachen and	NoSt.,W death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME albert & Ja	Nar
(a) Residence: No. Eckhart m.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white single	(Month) (Day) (Year
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I ettended deceased
ang 4 1870	I last saw have alive on Dee 1 1972 death is
AGE Yeers Months Days If LESS than	I last saw here alive on the date stated ebove, et 2.32 Pm.
/ 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, WOOD WORK WAS done, as SILK MILL, CAU WORK WAS done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	(PASA)
9. Industry or business in which work was done, as SILK MILL, MINDO WILL	paracysis fan
SAW MILL, BANK, etc.	
10. Date decesed last worked at this occupetion (month and 1925) 11. Total time (years) spent in this	
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) COSMON	A
(State or country)	acute Cystales 69
13. NAME SEE OF FREE SEE	
14. BIRTHPLACE (city or town) Erckhart	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME I tely 1419 game	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) La ander	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Gentley of Carter	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Varia Cen Date Nee 3, 19 3	Nature of injury
UNDERTAKER 2.5. Butley	24. Wes disease or injury in any way related to occupation of deceased? 200
(Address) moreland make	If so, specify
10. FILED /3 1932 Q. R. Flacker	(Signed)
Registrar.	(Address) Park // Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Indiana	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 8 1:13	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE County Village or

Length of r

(a) Resid

PERSC

MALE

5a. If married, wid HUSBAND of (or) WIFE of

6. DATE OF BIRT

8. Trade, pro

9. Industry

12. BIRTHPLACE

13. NAME

17. INFORMANT

19. UNDERTAKER

(Addrass)

(Address)

kind o

SAWY

work SAW 10. Oate dece this oc

year)

(State or country)

15. MAIOEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

MATHEW

MARY

MEMORIAL

Green. Mount

POTTER

John.C.Wolford

MULLENAX

HOSPITAL

MD.

Dec. 20.1932

Registrar.

2. FULL N

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—COFF DEATH	$ \alpha$
City CUMBERLAND (IF	Registration Dist. No.  No. MEMORIAL HOSPITAL St., 6 1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.
AME JOSEPH POTTER ence: No. MT, STORM, W, VA. (Usual place of abode)	St., Ward. Wt. Storm, W. Va.  If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE WHITE SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) SINGLE  owed, or divorced	21. DATE OF DEATH  DECEMBER 18, 193 2  (Month) (Day) (Year)  22. I HEREBY CERTIFY, Thet I ettended deceased from
H (month, day, and year) SEPTEMBER 23, 1889	1 last saw hamaliva on 12 18 19 32 death is said
ears   Months   Deys   If LESS than   1 day,	to have occurred on the date stated above, at 2:30Pm.  The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
fession, or particular f work done, as SPINNER, FR, BOOKKEPER, etc.  r business in which vas done, as SILK MILL, fill, BANK, etc.  ased last worked at cupation (month and cupation.	Iphoid Level 3 wks.
(city or town) VIRGINIA	Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis? 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_ 19 Where did injury occur?\_\_\_

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

WILLIAMS

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	the state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING V. S. No. 1

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1600
County Allegajuy Wishell CORP	ORATE LIMITS Registration Dist. No. 4
Village or City of Simulaines	No. 619 Montgomery Ave St, 6-1 Ward
9/	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME / Sessie / Trice	
(a) Residence: No. 619 Montagonalry and	E St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Jemale  Uhite  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice type word)  Married  Married  The state of th	21. DATE OF DEATH ALC - 27 ,193 (Year)
HUSBAND of (or) WIFE of Elward M. Grice	22. I HEREBY CERTIFY. That I attended deceased from 20. 19.5 V, to Lee - 77. 19.82
6. DATE OF BIRTH (month, day, and year)	I last saw h M. alive on Alice - 77 , 1932 death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at
443 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	ff f
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	12/21/32
Work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
61	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Calles Stary of Age	million a company
# 13. NAME JAME JLy re	11/3
13. NAME JACK Tyre  14. BIRTHPLACE (city or town)	Name of operation House Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? no
15. MAIDEN NAME Mary Jusan Shoke	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT John M. Greet (Address) 6/9 Montgomen der	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deterstury WV Date Dec 19 1932	Nature of injury
19. UNDERTAKER Logis Stem log (Address) Lumbuland FMO.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDOLEE P, 19 JV 1 Tamen 1 AUE. Registrar.	(Signed) Hollagon M.D.  (Address) 21 3 Va. alt Cimberland ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Control of the contro	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH 12758
1. PLACE OF DEATH	136-8)
County Megany.	Registration Dist. No.
Village or City Int Sanage	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Annie & Rue	£
(a) Residence: No. But Savage mel	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX.   4. COLOR OR RACE   5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. 11 married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
State of the same	July , 1902 to all 7 , 1032
6. DATE OF BIRTH (month, day, and year)	last saw here alive on 1932; death is seid
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, at
3 7 0 1 ormin.	were as follows:
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc However the same and the s	Doma Oliena groves
9 Industry or husiness in which	
work was done, as SILK MILL, at Ham	
11. Total time (years) this occupation (month and spent in this	,
year) occupation occupation	Dther Contributory Causes of importance;
12. BIRTHPLACE (city or town) bunkeland	Hykestenente.
(State or country)	
13. NAME James Julian 14. BIRTHPLACE (city or town) Lacaston	
14. BIRTHPLACE (city or town) bacapa	Name of operation Date ol
(State of country)	What test confirmed diagnosis was there an autopsy?
15. MAIDEN NAME Rached United	23. Il death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The Rece Rece (Address) But Dange & Mark	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rose Hill Date Dec 11, 1932	
a - dt . a	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER LESS Sleven Joseph M. (Address) Bris. Less Sleven Josep	If so, specify
mouse 12/11 was 2 # G. Rom little Mide	(Signed) // M Males
20. FILED 2, 193 AT TOTAL Registrar.	(Address) / To Aslesson VI lumberson 11.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of epilepsy 1 week ago 1921 Run over by street ear Chronic interstitial nephritis 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gastroenteritis 1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

2759

. PLACE O	F DEATH					
					Registration Dist. No. 6	
Village of (	City: LIVITAGE	tern	ort		No	Ward
Length of ras	idence in city or town	whera daath	occurred 4.5			
			4			
(a) Resider	100.140	a de la de delej	(Usual place	of abode)	If nonresident give city or town and	l State
lale	White		OR DIVORCE	D (write the word)		3 193(Year)
If married, widow HUSBAND of (or) WIFE of		ignes	Repp		22. I HEREBY CERTIFY, That I attended	deceasad from
			-	D.C.A		
					to have occurred on the date stated above at 12 A m	a; death is said
58	-		-	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset
8. I rada, profe	ession, or particular work done, as SPINNE	R, 11e:	rchan	t	Influenze	12-2-3
					IIII Luciiza	20-27-27
		, 				-
this occu	upation (month and		II. Total t	ima (years) Intin this Life		
		Dia D		apation	Other Contributory Causes of importance:	
		2±6	1.d.		Cerebral Schlerogie	
I3. NAME	David Re	gg			COLOUIAL DOMACIOSES	
14. BIRTHPLACE		- A	Pool		Nama of operation Date of	
			1.10		What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NA	AME Ann	Rebe	cca S	eltzer	23. If death was due to external causes (VIOL ENCE) fill in also the followin	g:
					Accident, suicide, or homicide? Oate of injury	, 19
					Where did injury occur?	ite)
					Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
		cnpor	U 1Q	•		
-1-17	1 1 1 1 1 2	t-Ind-o	ate Jan.	2 19 33	The state of the s	
UNDERTAKER 🏋	H.Fredlo	1ek			24. Was disease or injury in any way related to occupation of deceased?	
4		- /	nzon	Registrar.	(Signed) 3Thalburgh	M. O.
	County Village of length of ras FULL NA (a) Resider PERSON  EX  If married, wido HUSBAND of (or) WIFE of  ATE OF BIRTH AGE Ye  8. Trada, profe kind of NATE OF BIRTH IO. Data decear this occupant year)  BIRTHPLACE (C (State or could 13. NAME  14. BIRTHPLAC (State of IS. MAIDEN N.  16. BIRTHPLAC (State of INFORMANT (Address)  BURIAL, CREMA Place UNDERTAKER (Address)	Length of rasidence in city or town  FULL NAME Charl  (a) Residence: No	County Allegany  Length of rasidence in city or town whera daath  FULL NAME Charles Si  (a) Residence: No. Westerny  PERSONAL AND STATISTICA  EX 4. COLOR OR RACE 5.  Lale White  If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Hugnes  PATE OF BIRTH (month, day, and year) Dec  GE Years Months  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town) (State or country)  13. NAME David Repp  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Ann Rebe  16. BIRTHPLACE (city or town) (State or country)  INFORMANT ARS Bertha R (Address) Mesternpor  BURIAL, CREMATION, OR REMOVAL Place Westernport. Ind.  UNDERTAKER W. H. Fredlock	County Allegany  Willage of City Transfestermort  Length of rasidence in city or town whera daath occurred 4.5.  FULL NAME Charles Sherman  (a) Residence: No. Westermort  (Usual place  PERSONAL AND STATISTICAL PARTIES  EX	County Allegany  Willage of City Fluction Sternort  (If Length of rasidence in city or town whera daath occurred 4.5 yrs. mos.  FULL NAME Charles Sherman Repp  (a) Residence: No. Westernport  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  EX	County. Allegany. Registration Dist. No. St. Wollage of City. Liverage terrinort  No. No. No. No. No. St. Wollage of City. Liverage terrinort  (If death occurred is a beophile a minimizer, give in NAME instead of intent and Length of residence in city or town where death occurred 4.5. yrs. Mos

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		A
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. m.

V. S. No

STATE OF MARYLAND—	1276	U
County allegany	Registration Dist. No.	
WIN Villageoor City Histernport md'		War
Length of residence in city or town where death occurred yrs. 3 mo	s. /3 ds. How long in U.S. if of foreign birth?	
2. FULL NAME Glen Clestla Richt	<i>Y</i>	
(a) Residence: No. Western 23/ Man. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (*write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yei	2 (ar)
HUSBANO of (or) WIFE of Rassy Rights	22. HEREBY CERTIFY. That Vattended deceased	d fro
DATE OF BIRTH (month, day, and year) Feb 3 , 1857	I last saw her alive on 12/19 1952 death	is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:10P1_m.	
75 10 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	lona
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	apopley y	6/
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 3 occupation 3		
2. BIRTHPLACE (city or town) Jonasonus (State or country)	Other Contributory Causes of importance:  They occordities  12	18
13. NAME Henry Carrey		
14. BIRTHPLACE (city or town) Ellicott Cety	Name of operation	
(State or country) Maryland '	What test confirmed diagnosis? Was there an autopsy?.	
15. MAIOEN NAME Mary Gangham	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19.	
(State or country)	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Kishingort may	Opony machini mjury occurred in modeliti, in nome, with robelt FLAGE.	
B. BURIAL, CREMATION, OR REMOVAL Place Hesternfert of Oate Ded 221932	Manner of injury	
UNDERTAKER D.S. Boal	24. Was disease or Injury in any way related to occupation of deceased?	
Address) Satural Miles Mees 21 , 1934 april alexander Registrar.	(Signed) (Address) Piedshant WM	a <sup>M</sup> .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	4000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis #	3 days ago
		COMMODIA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			i

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	i

DR. W. F. WILLIAMS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 th of 2 miles	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : LECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SAN 5 1933	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	the sale
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	the second secon		

V. S. No. 1

10	ng	00	
ten	sho	jo	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH-in plain terms, so that it may be properly classified. Exact statement of OC	
RD.	YSI	stat	
RECO	r. PH	Exact	
LN	L	d.	
ANE	CJ	sifie	
RM	XA	clas	
PE	田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	rly	cate
SA	tate	rope	rtif
SI	e si	e p	f ce
THI	q p	ly b	sk o
K	hou	t ma	bad
Z	ES	at in	s on
ING	AG	e th	tion
AD	ed.	S, S	ruc
NE	ppli	erm	insl
I H	ns	in t	See
VIT	gun,	pla 1	ıt.
Ci	ane	H	rtai
N	be	SAT	mpc
LA	plu	DI	ry i
EP	sho	10	SVE
RIT	ion	USE	N.
W-	mat	CA	TION is very important. See instructions on back of certificate.
B.			
Z			

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12769
1. PLACE OF DEATH	
County Allegany - WITHIN CORPO	ORATE LIMITS Registration Dist. No.
Village or City Landberland	No. 300 Bulford St. 4 Ward
60 10	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred O	sds. How long In U.S. if of foreign birth?yrsmos,ds
2. FULL NAME John Schiller	
(a) Residence: No. 300 (Usual place of abode)	St., 4 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
make MA to OR DIVORCED (write the word)	Declinter 1932
a. If married, widowed or divorced	(Month) (Day) (Year)
(or) WIFE of Chyalette Indevention	22. Oct. 15 193/ to 1 attended deceased from
DATE OF BIRTH (month, day, and yeer)	I lest saw hun alive on Movember 30 1932 : death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 12:45 Am.
87 6 - 1 dey,hrs.	were as follows:
8 Trade profession or particular	Chronic propletilis & Date of onset
SAWYER, BOOKKEEPER, etc.	Delevoselerone & nephrilis 1931
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate decesed last worked at this occupation (month and	
10. Oate deceseed last worked at this occupation (month end year)  11. Total time (yeers) spent in this occupation occupation.	
1. 111	Other Contributory Causes of Phyportance:
2. BIRTHPLACE (city or town) (State or country)	Copany 11/02
13. NAME Compad Schille	
1	Super- hubic diamer of blooding
(State or country)	What test confirmed diagnosis? I have all was there an autopsy?
15. MAIOEN NAME And Son Kolf.	What test confirmed diagnosis? I fraction Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME And In . Kroff.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT has been giled	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	M
Place It Links Combate Vice 3, 193	Manner of injury
2m. 11. 9 - 1	24 Was dispass or lainty in any way related to assumption of decreed to
19. UNOERTAKER Linio Stern Inc.	24. Was disease or Injury In any way related to occupation of deceased?
19. UNOERTAKER In Stem Inc. (Addjess) 20. FILENCIES 153 Walnut It Ten	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-2
County Allegany WITHIN CORP	ORATE LIMITS Registration Dist. No. 4
Village or City Carmbelland	Nolllegary Hospital 4 Ward
	death occurred in a hospital or institution, rive its NAME instead of street and number)  ds. How long in U.S. if of breign birth?
0- 610	
2. FULL NAME James & Stell .	208 / Ward.
(a) Residence: No. What Control (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED ("write Mir word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22 LO LUEDERY CERTIEN This latter of formation
(or) WIFE of	1932 to See 1932
6. DATE OF BIRTH (month, day, and year)	Hast saw ham dive on Dec. 14, 19 52; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1043 Q.m.
Whenh 67 or or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	D 121-1
SAWYER, BDDKKEEPER, etc.	Cerbral Nementage 1914/2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1 / // 3/
O 10 Date deceased last worked at 11, Total time (years)	
this occupation (month and 1932 spent in this 40 occupation 40	Other Cantributor Causes of importances
12. BIRTHPLACE (city or town)	1 Chrone Myrcadelis L
(State or country)	2 arterir - Selperso
13. NAME ZAME 14. BIRTHPLACE (city or town)	
	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME STATE OF TOWN TO THE STATE OF TOWN TO THE STATE OF TOWN TOWN TO THE STATE OF TOWN TOWN TO THE STATE OF TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, I9 Where did injury occur?
(1)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFDRMANT (Address)	Specify whether injury occurred in Proposition, in House, of the Follows.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
shots I fler & lang lage 1/12 1/1932	Nature of injury
19. UNDERTAKER drying Stein Inc	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Comby	If so, specify
20. FILED DEWLY 1537 Harvee & Plus	(Signed) Williams, Centre M. D.
Registrar	(Address) Keesses and July

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il		Example II	1 1 1 1 1 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	DOCT OF NAME	1 weck ago
Chronie interstitial nephritis	1921	Run over by street car	00000 - 01101	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Bernan	3 days ago
Other contributory causes of importance:		Other contributory c	rauses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH				
1. PLACE OF DEATH				
County Allegany WITHIN CORPORATE LIMITS Registration Dist. No.				
Village or City Curlberdand, Md. No. Cllegany Hopitalst, # Ward (If death occurred in a hospital or infiltulion, giverus NAME instead of street and number)				
Length of residence in city or town where death occurred				
2. FULL NAME	o. 15 min.			
(a) Residence: No. Title Sucuments	St., Ward. Rommer Or Ja			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH  Lecenber 3/ (Month) (Ddy) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from			
(or) WIFE of	Lew 31 ,193 4 to Dec 31 ,193,			
6. DATE OF BIRTH (month, day, and year) Let 31 1908	I last saw h_ alive on & 3 ( , 19 3 L; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 9:05a.m.			
24 5   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
9 Trade profession or particular	automobile acquilent of			
SAWYER, BOOKKEEPER, etc. MacLary	Crucked Right male to Wilse			
9. Industry or business in which work was done, as SILK MILL,	Class Tiplus left			
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	arm xleg.			
o this occupation (which and 3 decupation (which and year) spent in this game	<u> </u>			
12, BIRTHPLACE (city or town) Aunthorhers Co	Other Contributory Causes of importance:			
(State or country) 2 / / / / / /				
13. NAME Clover Shanks Ct				
14. BIRTHPLACE (city or town) Sample Lings (State or country)	Name of operation			
(court of country)	What test confirmed diagnosis? Wes there en autopsy!			
# 15. MAIDEN NAME Ora & Carden	23. If death was due to external causes (VIO) ENCE) fill in also the following:			
5 16. BIRTHPLACE (city or town) Quinkerlysels	Accident, sulcide, or homicide			
(State or country)	Where did injury occur? Macliur & Meur of Countries (Specify city or town, county and State)			
17. INFORMAN Haward Samuel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automotife anatom			
Place pethel Date and 21, 1933	Nature of injury Crushed Class I stocking			
19. UNDERTAKER Griffing Juneal Jackso	24. Was disease or injury in any way related to occupation of deceased?			
1 10 mm 1 1/1/2	(Signed) Hallalpen M. D.			
20. FIL Jan 2 , 1933 Markey V. Pleas	(Address) Campully My			
	2411 N. Charles Street Baltimore Requesting T. S. No. 1			

19701

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Examp	le II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death a of importance were as follows	and related causes:	Date of onset
Arteriosclerosis FB / 1932	1915	Attack of epilepsy	4	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	***	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
the same of the sa				
Other contributory causes of importance:	1	Other contributory causes of i	mportance:	
Gallstones	May 1,1923	Gostroenteritis		1 year
		, . 9		2

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS Exact statement properly classified. FOR BINDING CAUSE OF DEATH in plain terms, so that it may be ARGIN RESERVED

should state of OCCUPA-

	Registration Dist. No.  No.  No.  No.  No.  No.  No.  No.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX Visite 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Grice the word)	21. DATE OF DEATH Delember 1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) DZC. 14,1932  7. AGE Years Months Days If LESS than 1 dayhrs. or 35 _min.	1 HEREBY CERTIFY. That I attended deceased from 1932, to Dec. 1932; death is sat to have occurred on the date stated above, at 1950.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  1D. Dato deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Current Land	Dther Contributory Causes of importance:
(State or country)  13. NAME Alvin Paul Therwick  14. BIRTHPLACE (city or town) Drung (State or country)  15. MAIDEN NAME Therwing Oliver Carry for l	Name of operation Passe Oate of What test confirmed diagnosis? Claude Wes there an autopsy?
15. MAIDEN NAME Freque White Convocal  16. BIRTHPLACE (city or town) Cumber and  (Stete or country)  17. INFORMANT A. P. Sharlock  (Address) 5 2 5 9. Oneshana	Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Pl	Manner of injury  Nature of injury  24. Was disease er injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  M.  (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AN J 1908	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		Other contributory causes of importance:		
Other contributory causes of importance:  Gallstones	May 1,1923	Gastroenteritis	1 year	

-			
4.			

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12767
1. PLACE OF DEATH	(21)
County Allegany WITHIN CORPOR	Registration Dist. No. 4
(It Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Mr. Clarence Shope,	5 hours
(a) Residence: No. Friendsville Md.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  December 8, 193 2  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
Sadie Savage,	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 20. 1900.	I last saw h alive on Dee 8 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
32 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. Laborer 9. Industry or business in which	Temborules
work was done, as SILK MILL, County Roads,	
kind of work done, as SPINNER, Laborer  SAWYER, BOOKKEEPER, etc. Laborer  J. Industry or business in which work was done, as SILK MILL, County Roads  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)  (State or country)  Maryland	Other Coutributory Causes of importance: Ruf Tures affecture
# 13. NAME Frank Shope.	
14. BIRTHPLACE (city or town)	Nama of operation Lapanala Data of Deta of Det
(State of country) Mary Land.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alberta Suter,  16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)   Maryland	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Memorial Hospital (Address) Cumberland, Md.	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Magazinelle, Moate Veell, 1937	Nature of injury
19. UNDERTAKER A Maria ge (Address) Humanagel ma	24. Was disease or injury in any way related to occupation of deceased? 100
20. FILED Le 10, 1937 Harring & Preise Registrar.	(Signed) H. G. Trace M. D.  (Address) Cumberland
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ogo
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 doys ogo
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 ä ż

	STATE OF MAR	YLAN	D-CERT	IFICATE	OF DEATH	127	158
PLACE OF D	EATH Allegany	WITHIN	CORPORAT	E LIMITS	Registration Dist. N		
Village or City	Cumberland Md			Allegany	Hognital	./	Wai
Length of residence	in city or town where death occurred	yrs,	(If death occurre	d in a hospital or insti How long In U.S. if	tution, give its NAME instead of foreign birth?y	of street and numbersmos	>er) d
FULL NAME	Arthur.Sites						
(a) Pasidanas N	Flintstone.	Md	04	Mord			

County	ATTERNITA	14	DITHIN GOI	Registration Dist. No.
Village D	r City Cumber	land Md		No. Allegany Hospital St. #
Length of	residence in city or town where		(li _yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 4 ds. How long In U.S. if of foreign birth?
2. FULL N	Arthur.	Sites		
(a) Resid	dence: No. Flin	(Usual place of a		St., Ward.  If nonresident give city or town and State
PERSO	ONAL AND STATIST	ICAL PARTICE	JLARS	MEDICAL CERTIFICATE OF DEATH
Male Male	4. COLOR OR RACE White	5. SINGLE, MARRIE OR DAY OF CED S		21. DATE OF DEATH  Dec . 4. 1932  (Month) (Day) (Ye
5a. If married, wid HUSBAND o (or) WIFE of	dowed, or divorced f Lula/			22. I HEREBY CERTIFY. That I attended decease
	FH (month, day, and year)	V /	1902	I last saw h alive on Que , 193 2; death
7. AGE 30	Years Months		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at Pm  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWY	or business in which	Farmer		Filmonomy Embelian &
- Luis 0	was done, as SILK MILL, MILL, BANK, etceased last worked at eccupation (month and	11. Total time spant in occupat	n this	
12. BIRTHPLACE (State or o	(city or town)	w va		Dther Contributory Causes of importance:
	J.P.Sites ACE (city or town)	Wva		Name of operation Date of
1 (Grant	e or country)			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN	NAME Mary S.	Mallow		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary S.Mallow  16. BIRTHPLACE (city or town)  (State or country)				Accident, sulcide, or homicide?
17. INFORMANT _ (Address)	III to make a a a a a a			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17	Cintatone M	Mate Dec	· 6, 19.3.2	Manner of injury
19. UNDERTAKER	Japan C	Maly	grap	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

(Qu

Registran

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		agatizo 33	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item of infor-	S should state	of OCCUPA-	
	RECORD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
ARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
Table 1	WRITE PLAINLY	mation should be c.	CAUSE OF DEATH	TION is very impo-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12769
1. PLACE OF DEATH	18600
County alleg-grys	Registration Dist. No. 12
Village or City From Hear Hilmore	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 -yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME form adams	Surelle
(a) Residence: No. That The Silm (Usual place of abode)	alst., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR-DIVORCED (write the word)	about 12 / 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Leviple	22. I HEREBY CERTIFY, That I attended deceased from
61 90 1010	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw h aliva on, 19; death is said
7/) 7 Of Iday,hrs.	to have occurred on the date stated abovo, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
B. Trade, profession, or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc	Broken
4 9. Industry or husiness In which	B. 1 1 1/10 15 1632
work was done, as SILK MILL, SAW MILL, BANK, etc	no widere & violence.
- I this occupation (monthlyang / / // 27) Spaint in this 2	Tived alone and not been for several
year) coupation _ Ogu	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Maryland	Chronice ariantes and
(State or country)	resembline for many
13. NAME John Johnston	years.
14. BIRTHPLACE (city or town) Lewis	Mama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy to.
I 15. MAIDEN NAME Catherine Storace	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Catherine Sternary  16. BIRTHPLACE (city or town) Sermany	Accident, suicide, or homicida? accident Date of Injury 1911, 1932 ;
(Stata or country)	Where did injury occur? Tarue near Februare
17. INFORMANT This : Cinque Fremel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Yarasaning Ind	Home
Place UR Hall Country Date Dec 17, 1932	Manner of Injury Tale down laws
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Nature of injury Broken neek.
19. UNDERTAKER AL COSPANONIA Med.	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Wee. 16 10 32 P. 1 Stukens	(Signad) & Over Paylow M.D.
20. FILED N. 19. 32 N. XUKA. Registrar.	(Address) Londeouing
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 7 1983	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V.S.	July 5, 1927	Peritonitis	3 days ogo
	1			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12770
1. PLACE OF DEATH WITHIN CORPO	RATE LIMITS (6)
County allegary.	Registration Dist. No.
Village or City Casanderland	No. 31 Virama aresto - Ward
Length of residence in city or town where death occurred 3 7 yrsmos	death occurred in a horpital constitution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
	us. now long in 0.5, it of foreign bifth?yrsmosus.
2. FULL NAME Charles M. S.	and the same of th
(a) Residence: No. 3 (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PIVORCED (write the ward)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed of divorced HUSBAND of	22.   HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Sarage U. Coyle	Mar. 15, 1932, 10 Dec. 18, 1932
6. DATE OF BIRTH (month, day, and year)	t last saw har alive on Ose . 17, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 2 m.
65 / 12 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Carcinoma of Rection Date of onset
sawyer, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased tast worked at this octypation (month and year)  11. Total time (years) spent in this occupation occupation (years)	
6.11	Other Contributory Causes of importance:  Carebral Metastase
12. BIRTHPLACE (city or town) (State or country)	D-14-11a bile st
	was to you position tour. I, is
(State or country)	Name of operation Date of State of Stat
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Can 1 il	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Helleress Cam Date Nec. 70, 1932	Nature of injury
4-: 4:19	210
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
D. 16 2 15 1600	(Signed) Clayle Burrett. M.D.
20. FILED Registrar.	(Address) Calmberland, Mil.
	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEVISOAM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	14, 14y of
1. PLACE OF DEATH	DRATE LIMITS (SI)	661
County Aleganif 1 1	Registration Dist. No.	
Village or City Augustor Lang 1	death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where death occurredyrsmos	ds/7 How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME talherus Sp.	ooler	
(a) Residence: No. 707 Va - Que (Usual place of abode)	St. 6 Ward.  If nonresident give city or town and Sta	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ate.
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wyite the word)	Sec 3	93
5a. M married, widowed, or divarced	(Month) (Day)	(Yoar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dec	1
90 19/8	, 15.52, 10	., 19.32
6. DATE OF BIRTH (month, day, and year) 2. / 3C.  7. AGE Years Months Days If LESS than	I last saw h	leath is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Antenocleani i Hypertes	
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)	Suis.	
	Chance herlike -	
this occupation (month and spent in this occupation occupation	Cerebral Humerange	Mes 3,17
12. BIRTHPLACE (city or town) A Marys	Other Contributory Causes of importance:	
(State or country)		
13. NAME  14. BIRTHPLACE (city or town).  14. Color or country).		
4 14. BIRTHPLACE (city or town) Lemany	Name of operation Date of	
(State of country)	What test confirmed diagnosis?	opsy?
15. MAIDEN NAME Lond Know	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Levensy (State or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT Ruth Charles	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Date Date 19 P. 19	Nature of injury	
19. UNDERTAKER Of Sumberland Ad	24. Was disease or injury in any way related to occupation of deceased?	1
20. FILED Lee 7, 1937 Daywey H Mers.	(Signed) Auswelch Jacobs (Address) 122 Brafford St	M. D.
If more blanks are needed address State Registrar	2477 N. Charles Street Relimore Persuation 71 S. A.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of inforshould state Exact statement of OCCUPA-AGE should be stated EXACTLY. PHYSICIANS N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every properly classified. ARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City Comparison	ND. Allegand Dist. No. Ward death occurred in a hospitat of institution, agre its NAME instead of street and number)
VID .	ds. How long in U.S. if of theign birth?yrsmosds.
(a) Residence: No. 6 37 Lustin (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. STAX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Se. If married, widowed, or shyorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 17 1908	I last saw him alive on Dec 78 1937; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:35 m. P
24 // // 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cleute Tubereulung Ducumia.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased lest Grked at this occupation (stanth and 23 32 spent In this occupation (stanth and 23 32 spent In this occupation (Stata or country)  12. BIRTHPLACE (city or town)  (Stata or country)  Mary Land	Other Contributory Causes of importance:
13. NAME See & Sullivan  14. BIRTHPLACE (city or town) Derry ville (Stete or country)	Name of operation Date of
15. MAIDEN NAME Hady & M. Brant	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Glady M. Brant  16. BIRTHPLACE (city or town) Selfuntoy w  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Seo Sallingin (Address) Combiland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place H westy Lulhar Dete Dec 31, 1932	Manner of injury
19. UNDERTAKER Louis Stem Ing (Address) Comparland MIN	24. Was disease or Injury in any wey related to occupation of deceesed?  If so, specify  (Signed)
20. FILED, 19	(Addrass) VYY Da Cuille M. D. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		S801 S5 HVI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL ODACE FOR SUBBILLIO OF A STATE OF A STATE OF A

ADDITIONAL STACE FOR	FURTHER STATEMENTS DI	FRISICIAN

V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12773
1. PLACE OF DEATH	ORPADATE LIMITED
country Legane	Registration Dist. No.
Village or City Townber aug	No. 12 200 Laft of The Holling Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME LOCAT OTWONER	
(a) Residence: No. 7 / 220 Luturetta	Mary 5-3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. YEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Z  (Month)  Z  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIEN. That I ettended deceased from
Sing to	Nec 193 10 10 10 1932
6. DATE OF BIRTH (month, day, and year) May 4 1923	I last saw h alive on
7. AGE Years Months Days If LESS than 1 dey hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
9 2 2 ormin,	were as lollows:  Date of onset
8. Trade, p Stession, or particular kind of work done, as SPINNER,	du les
SAWYER, BOOKKEEPER, etc.	20
Work was done, es SILK MILL, SAW MILL, BANK, etc.	(93)
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 125 UTY N19	the formation deep
(State er country)	moreoup 1937
13. NAME Charles Swing NVW	
14. BIRTHPLACE (city or town) Den Relegioning NVW	Name of operation Date of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAMS USID Sorbungh.  16. BIRTHPLACE (city or town) Jin & Green.	23. If death was due to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) JIN & TREEN +	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MYS Charles Swanger  (Address) 1220 Latagetter Alley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Gold A La Cayo DA Date 2 2 2,19 3.	Nature of Injury
a succession to I to letters	24. Was disease or Injury In any way related to occupation of deceased? NO
19. UNDERTAKER (Address)	If so, specify
Desces of the state	(Signed) 105 Blewer M. D.
20. FILEDO Registrar.	(Address) 132 22 & decie
	NO DE PER DE COMPANIE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) BINDING 5a, If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than Months Days to have occurred on the date stated above, at I day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, NO RGIN RESERVED SAWYER, BOOKKEEPER, etc ... OCCUPATI may back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at on 11. Total tima (years) this occupation (month and spent in this that occupation \_\_\_ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) HER See FATI Name of operation. 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ D MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?. Date of injury\_\_\_\_\_\_19\_ 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?... EA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods A 17. INFORMANT (Address) OF 18. BURIAL CREMATION Manner of injury AUSE mation LION Nature of injury 24. Was disease or Injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) \_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

See letter under Weige	1/27/33 authorizing Change	n
date or bling.		
1010		

RGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of a or-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	WION is were important See instructions on back of cortificate
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADIN	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, so	TION is vory important See instruction

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County allegany MITHIN GORD	POPLATE LIMITS Registration Dist. No. 4
Village or City Commentary	No. 2/4 Jaratran St., / Ward
Length of residence in city or town where death occurred \$2 yrs. 7 mos.	death occurred in a hospital or institution, give is NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Atilliam Carrand	Immer.
(a) Residence: No. 2/4 Saraton	St., / Ward.
(Usual place abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCE MARRIED, WIDOWED, White State of Control of	21. DATE OF DEATH SEC (Day) (Year)
5a. If married, widowed on divorced HUSBAND of (or) WIFE of Ann. Hotia	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) While 14 1842	I last saw himalive on DER - 7, 1937; death is said
7. AGE Years Months Days 1 LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPYNNER, SAWYER, BOOKKEEPER, etc.	Myocondilio (Sevile)
9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)  year)  10. Date deceased last worked at this occupation (month and year)  occupation  occupation	Chronic senile myocardiol degeneration.
2)	Other Contributory Causes of importance:
t2. BIRTHPLACE (city or town) (State or copatry)	
II 13. NAME Inship I many	
13. NAME TO IN INCOME.  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Inne	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME AND THE CHURCHES (State on country)	Accident, suicide, or homicide?
man 9/d 5	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Condate Dec 10, 19 32	Manner of Injury
19. UNDERTAKER homis String 9 ma.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Control	If so, specify While there by !
20. FILED Nec 12, 1937 Starulif A / Lees Registrar.	(Signed) VV DO CUULL M. D.  (Address) Curul vlac U.
If more blanks are meeded address State Projection	According Street Baltimore Property 51 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arterioselerosis	1915	Attack of epilepsy	SOUT ST NIHE	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	5001 22 1149	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Marin Carlo	3 days ago
			CVENNA	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	rs by	PHYSICIAN
--	-------	-----------

8

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH  County Allegany, WITHIN CORPORATE LIMITS  Registration Dist. No.	
County Allegany. Registration Dist No	,
	0
Village or City Cumberland, Md. No. Memorial Hospital  (If death occurred in a hospital or institution, give its NAME instead	St., 6- Ward
Length of residence in city or town where death occurredyrsds. How long in U.S. if of foreign birth?yrs6 Hours	rsds.
2. FULL NAME Frederick TWigg,	
(a) Residence: No. Spring Gap Md. St., Ward.  (Usual place of abode) St., Ward.	or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D	DEATH
	28, , 193_2 ay) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. HERERY CERTIFY hat	t I attended deceased from
6. DATE OF BIRTH (month, day, and year) August 17, 1932 I last saw hum alive on the 28	, 1932 deeth is sald
7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of imp	portance Date of onset
STrade, profession, or particular Embreonic Cancer of kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	with 1932
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and the control of this occupation).	
year) occupation	
12. BIRTHPLACE (city or town) Nary Land, Other Contributory Causes of importance:	
E 13. NAME Clay Twigg,	
13. NAME Clay Twigg,  14. BIRTHPLACE (city or town)  (State or country)  Maryland  What test confirmed diagnosis? Portmoothern w	Vas there an autopsy?
15. MAIDEN NAME Rhoda Bucy, 23. If death was due to external causes (VIOLENCE) fill in also	//
15. MAIDEN NAME Rhoda Bucy 23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of in (State or country) Maryland Where did injury occur?	njury, 19
(Specify city or lown, co  17. INFORMANT Memorial Hospital Specify whether injury occurred in INDUSTRY, in HOME, or in  (Address) Cumberland Md.	ounty and State) n PUBLIC PLACE.
I8. BURIAL, CREMATION, OR REMOVAL Place Mt Herman. Dec 30.1932 Neture of injury Neture of injury	
19. UNDERTAKER John.C. Wolford 24. Was disease or injury in any way related to occupation of d  (Addiess) Cumberland Md If so, specify	deceesed?
20. FILED 20 , 1934 Barney & Mes (Signed) What Hodges Registrar. (Address) Cumberlan	of hid M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUILTAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	T RECO	Y. PH	Exact
BINDING	ERMANEN	EXACTL	y classified.
FOR	IS A F	stated	properl
AARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK-THIS IS A PERMANENT RECO	carefully supplied. AGE should be stated EXACTLY. PH	TH in plain terms, so that it may be properly classified. Exact

should state item of infor-

YSICIANS RD. Every

OCCUPA-

jo

statement

of certificate.

may back

See instructions on

CAUSE OF DEATH in plain terms, so that it

WRITE PLAIN mation should be

ż

V. S. No. 1

very important.

TION

OCCUPATION

FATHER

MOTHER

13. NAME

19. UNDERTAKER

(Address)

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

Geo Twigg

Maryan.

Saly. Twigg (Address) Cumberland. Rout

Place Twigg Cemetery Date Jan.

John.C. Wolford

Cumberland

Wigfield

1. PLACE OF DEATH  County Allegan;  Village or City Cumber  Length of residence in city or town	y erland. M	d (II	Registration Dist. No.  Rout 2  Redath occurred in a horpital or institution, give its NAME instead  ds. How long in U.S. if of foreign birth?	No. 2 St., Ward
(a) Residence: No.		ace of abode)	St., Ward.  If nonresident give cit.	
3. SEX 4. COLOR OR RA Male :: hite	CE 5. SINGLE, M	ARRIED, WIDOWED,	0	932 (Year)
5a. If married, widowed, or divorced HUSBAND of Saly • F • T  6. DATE OF BIRTH (month, day, and year	May 2	0.1861	22. JI HEREBY CERTIFY. The 24 1972, to Due 11ast saw ham alive on Pur 24	29 , 19 3Z , 19 3Z; death is said
71.	7 Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12 15 m The PRINCIPAL CAUSE OF DEATH and related causes of im were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BDDKKEEPER, etc  Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and			alumic Bughts Des	use Jule 32
12. BIRTHPLACE (city or town)		al time (years) spent in this occupation	Dther Contributory Causes of importance:	
(State or country)	454			

Name of operation... What test confirmed diagnosis? ----- Was there an autopsy? 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury\_\_\_\_\_ Where did injury occur?\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

tf so, specify

(Signed) (Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	34	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1	2501 A MAD	
Other contributory causes of importance:	1 4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state item of infor-Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

County Museum CORPOR	93-0
	Registration Dist. No.
Village or City Cumberland	No. 6/1 Columbia Arts 3 Wa
22/ 6	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Will of Walenting	
(a) Residence: No. 6/1 Columbia	Arst. 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH - LEO 14 193 2 (Month) (Day) (Year)
e. If married, widowed or divorced HUSBAND of	M LUEDED V CERTIEV TIAL ALL
HUSBAND OF Sarah M. Brotemarkle	22. I HEREBY CERTIFY, That I attended deceased from 20, 1931, to Sec. 13, 193.
DATE OF BIRTH (month, day, and year) Fil 29 1866	1 last saw he limative on Dec 13, 1932; death is s
AGE Years   Months   Days   If LESS than	to have occurred on the date stated ebove, at 5.20 f.m.
72 9 14 Iday,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	- A
kind of work done, as SPINNER, Mercelle SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	Chrones Regolardition
SAW MILL, BANK, etc. + tomsher	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased list worked at this occupation booking and year)  11. Total time (years) spent in this occupation.	1
	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town)  (State or country)	
13. NAME W. J. Walenten	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Q	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Moltall 7 Valentine (Address) Combalantine	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL from Date Dec / 6, 193	Manner of injury
9. UNDERTAKER domo Stein Inc	24. Was disease or injury In any way related to occupation of deceased?
	(Signed Add Add Add Add Add Add Add Add Add A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

info sta UP.	1. PLACE OF DEATH	48)
	County allegame. WITHIN CORPOR	ATE LIMITS Registration Dist. No.
item of should of OCC	Village or City Comboling	No. 506 Sherredon Place 6 - 1 death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city of town whare death occurred 40 yrs,mos.	ds. How long in U.S. if of foreign birth?
Every CIANS ement	2. FULL NAME Sarah Vana Vergin	a Volk!
RECORD, E. PHYSICI Exact staten	(a) Residence: No. 506 Shuisan Mlace (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PF PF act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T.	4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OD DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Ye
MANER A CT assifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis M. Volk	22. I HEREBY CERTIFY. That I attended decease
G X S	6. DATE OF BIRTH (month, day, and year) 2 1892	I last raw h A alive on Dec 7, 1932; death
d d erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3700 m.
IS A PE stated E properly certificate	40 11 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trade, profession, or perticular kind of work done, es SPINNER,	Carcinoma 7
THIS I pe	SAWYER, BOOKKEEPER, etc.	uterra f. 19.
ould may back	9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	
INK INK trit	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (company)	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Grandesland (State or country)	Other Contributory Canses of importance:
NFA NFA pplied erms, instru	(State of County)	
	I	200
The same of	14. BIR HPLACE (city or town)	What test confirmed diagnosis? The guest loss. Was there an autopsy?
	15. MAIDEN NAME Grany & Wish.	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
INLY, WI be careful EATH in gimportant.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
LX, e cal vTH	16. BIRTHPLACE (city or town) (States on country)	Where did injury occur?
Abdy	17. INFORMANT/MARCINO John (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
1-1-60-	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Mar Ital Com Date With 17, 1932	Nature of injury
WRITTE mation s CAUSE TION is	19. UNDERTAKER Loris Stein 9 np	24. Was disease or Injury in any way related to occupation of deceased?
	(Address) Completed	If so, specify
ż	20. FILEBLEC 16, 103 1 Harring Por Marsi	(Signed) (Signed)
- 4	Registrar.	(Address)

1 2 2 11

Date of onset

birth?\_\_\_\_\_ds.

	If nonresident				nd State
			-		
MEDICAL CED	TIELCATE	COE	DE	ATL	

RTIFY That I attended deceased from at 37010 m. elated causes of importance

special Los Was there an autopsy? No LENCE) fill in also'the following:

\_\_\_\_\_, Date of injury\_\_\_\_\_, 19\_\_\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis !	3 days ago
		1 - 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	WITHIN CORPO	PRATE LIMITE 81	af.
Village or City Length of residence in city or tow	Serland.	No. 5/6 Korrisans  No. 5/6 Korrisans  If death occurred in a hospital or institution, give its NAME instead of street	
2. FULL NAME Pro- (a) Residence: No. 5/6	Monary Mars Uniselana (Usualplace of abode)	St., 6 / Ward.  If nonresident give city or to	
PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
Ferrale Whi		21. DATE OF DEATH DC. (Month) (Day)	, 193 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	my Hallace	22. I HEREBY CERTIFY, That I et	tended deceased fro
6. DATE OF BIRTH (month, day, and ye 7. AGE Years M	onths Days If LESS than 1 day,hrs	to have occurred on the date stated above, et	ce Date of ons
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MI	110	6x hourt was & malunto	4 kca
9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	1932 11. Total time (years) spent in this occupetion	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Ohin-	atrofly	Tye
13. NAME Charles 14. BIRTHPLACE (city or town)	In Itayes.	/ / Name of operation Da	ate of
(State of Country)	Oher	What test confirmed diagnosis? Was the	ere an eutopsy?
15. MAIDEN NAME CRASS  16. BIRTHPLACE (city or town) (Stete or country)	Ohis	23. If death was due to external causes (VIDLENCE) fill In also the formal causes (VIDLENCE) fill In also the form	, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, DR JEMOVAI	mallace.	(Specify city or town, county of Specify whether injury occurred in INDUSTRY, In HOME, or in PUB	LIC PLACE.
Place Chercland	Opropate Nec 5,1932	Manner of injury	
19. UNDERTAKER Anno (Address)	Stein Ine. and	24. Was disease or Injury In any wey related to occupation of deceas	sed? 710
20. FILED/Lec 6 , 1934	Registrar.	(Signed) (Address) Securbon fund, 70	ed M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAU V.S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	130	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	66 Y A	3 days ago
			CONTROLS	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

See lettle under Weis 1/38/33 for aut	terreto to Clerus
Nate of Jelena	
All Don't De	1000

item of infor-

1. PLACE OF DEATH  County Allegany Within CORPORATE LIMITS (A)  Village or City Cumberland, Md No. Memorial Hospital St. 1 Ward Length of residence in city or town where death occurred on the hospital of institution, give in NAME intered of attent and number)  Length of residence in city or town where death occurred on the hospital or institution, give in NAME intered of attent and number)  Length of residence in city or town where death occurred on the hospital or institution, give in NAME intered of attent and number)  S. S. How long in U.S. If of foreign birth? yrs. nos. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED.  White S. SINGLE MARRIED, WIDOWED.  OR DAYOR CONTROL OF THE COLOR OF RACE S. SINGLE MARRIED, WIDOWED.  OR DAYOR DEATH AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED.  OR DAYOR DEATH AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED.  OR DAYOR DEATH AND STATISTICAL PARTICULARS  3. If married, widowed, or divorced wind Married Corp. Wile of Marr	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12781		
Village or City. Cumberland, Md. (If death occurred in a horpital of institution, give introduction, give in	1. PLACE OF DEATH	MATERIAL COR	POPATE LIMITS 46		
Village or City	County Allegany	WITHIN COR	Registration Dist. No.		
Length of residence in city or town where death occurred. yrs. mos. ds.  2. FULL NAME Mrs. COTA Weimer.  (a) Residence: No. SOMERSET. Pa. (Unaplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX Perma le White Sance Married Mrs. Curtis I. Weimer.  (b) ATT OF BIRTH (month, day, and year) May 15, 1878.  (c) ATT OF BIRTH (month, day, and year) May 15, 1878.  (c) ATT OF BIRTH (month, day, and year) May 15, 1878.  (c) ATT OF BIRTH (month, day, and year) May 15, 1878.  (c) ATT OF BIRTH (month, day, and year) May 15, 1878.  (c) ATT OF BIRTH (month, day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 15, 1878.  (c) ATT OF BIRTH (month) day, and year) May 16, 1878.  (c) ATT OF BIRTH (month) day, and year) May 16, 1878.  (c) ATT OF BIRTH (month) day, and year) May 16, 1878.  (c) ATT OF BIRTH (month) day, and year) May 18, 1878.  (c) ATT OF BIRTH (month) day and year) May 18, 1878.  (c) ATT OF BIRTH (month) day and year) May 18, 1878.  (c) ATT OF BIRTH (month) day and year) May 18, 1878.  (c) ATT OF BIRTH (month) day and year of weight of the year of the ye			No. Memorial Hospital St. 6-1 Ward		
(a) Residence: No. SOMERSET PA. (Usualplace of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PERSONAL AND STATISTICAL PARTICULARS  5. SINGLE, MARRIED, WIDOWED, OR DEATH  MARTICULARS  S. SINGLE, MARRIED, WIDOWED, OR DEATH  MARTICULARS  5. SINGLE, MARRIED, WIDOWED, OR DEATH  MARTICULARS  1. DATE OF DEATH  Deficition of Work of decased from Marticular Particular Partic	Length of residence in city or town where death of	occurredyrs,mos	death occurred in a norpital of institution, give its IVAIVIE instead of street and number)  3. 3. 4s. How long in U.S. if of foreign birth?yrsmosds.		
(a) Residence: No. SOMERSET Pa. (Unsalplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX PEMBLE 4. COLOR OR RACE White S. SINCLE MARRIED, WIDOWED, DAY OF CHARLED C	2. FULL NAME Mrs. Cora	Weimer.			
3. SEX FEMALE White So by Norced Go by Norced Married  21. DATE OF DEATH  December 19 (May)  (Year)  22. I HEREBY CERTIFY That I attended deceased from the Norce of the Sand procession, or particular stand of work dome as SPINNER, HOUSewife  3. Trade, profession, or particular stand of work dome as SPINNER, HOUSewife 3. Industry or business in which SAW MILL BANK, etc.  10. Obte deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  Henry Keister, 14. BIRTHPLACE (city or town) (State or country)  15. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Memorial Hospital  18. BURNAL GENATION, 98 REMOVAL Angular  Papes Augusta May 14. A papeller 17 19 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Residence: No. Somerse	t Pa.			
Female White OR Divorced Married December 19 193 (Year)  5a. If married, widowed, or divorced HUSSAND of Mr. Curtis I. Weimer.  5a. If married, widowed, or divorced HUSSAND of Mr. Curtis I. Weimer.  5b. DATE OF BIRTH (month, day, and year) May 15 1878.  7. AGE Years Months Days IILESS than 1 day	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
5a. If married, widowed, or divorced HUSBAND of Or Or WIFE of Mr. Curtis I. Weimer.  6. DATE OF BIRTH (month, day, and year) May 15, 1878.  7. AGE Years Months Days If LESS than 1 day, hts. or in hts. or hts. or in hts. or hts. or hts. or hts. or in hts. or hts	Flome le White 0	R DIVORCED (write the word)			
7. AGE Years Months Days II LESS than 1 day. hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWIFE SAVER, BOKKEPER, etc. were as follows:  9. Industry or business in which work was done, as SPINNER, HOUSEWIFE SAVER, BOKKEPER, etc. were as follows:  10. Date deceased last worked at this occupation (month and years) spant in this occupation (month and year).  12. BIRTHPLACE (city or town). (State or country) Pennsylvania,  13. NAME Henry Keister.  14. BIRTHPLACE (city or town). (State or country) Germany.  15. MAIDEN NAME Elizabeth Kidner.  16. BIRTHPLACE (city or town). (State or country) Pennsylvania,  17. INFORMANT Memorial Hospital.  18. BURIAL, CREMATION, or REMOVAL Amment Memorial Mad.  Manner of injury.	HUSBAND of	I. Weimer,			
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  9. Industry or business in which work was done, as SPINNER, Housewife  12. BIRTHPLACE (city or town)  (State or country) Germany  13. NAME Henry Keister,  14. BIRTHPLACE (city or town)  (State or country) Germany  15. MAIDEN NAME Elizabeth Kidner,  16. BIRTHPLACE (city or town)  (State or country) Penns ylvania,  17. INFORMANT Memorial Hospital  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Manner of injury	6. DATE OF BIRTH (month, day, and year) Mav	15. 1878.	I last saw h 2 alive on De 19, 1932; death is said		
8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWISE SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town) (State or country)  (State or country)  13. NAME  Henry Keister  14. BIRTHPLACE (city or town) (State or country)  Germany  15. MAIDEN NAME  Flizabeth Kidner  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Memorial Hospital  (Address)  Cumberland  Manner of injury			The PRINCIPAL CAUSE OF DEATH and related causes of importance		
kind of work done, as SPINNER, HOUSewife  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURTHPLACE (city or town) (State or country)  19. Manuely or town, county and State)  19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manuely or business in which work was done to what the state of injury  Manuely or town, county and State)  Manuely or in Public PLACE.	54				
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, as SPINNER, HOLL	gewife	Gangger 6		
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.		gar molos		
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	work was done, as SILK MILL, SAW MILL, BANK, etc		Primary again 1 1 7 7 1 - Staller		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  Henry Keister,  14. BIRTHPLACE (city or town) (State or country)  Germany,  Was there an autopsy:  15. MAIDEN NAME  Blizabeth Kidner,  16. BIRTHPLACE (city or town) (State or country)  Pennsylvania,  16. BIRTHPLACE (city or town) (State or country)  Pennsylvania,  17. INFORMANT. Memorial Hospital (Address)  Cumberland, Md.  18. BURIAL, CREMATION, OR REMOVAL Longist   Manuer of injury  Place Husband  Manuer of injury	- Inia occupation (month and	spent in this	CubR		
13. NAME   Henry Keister	12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:		
What test confirmed diagnosis? Was there an autopsy!  15. MAIDEN NAME Elizabeth Kidner  16. BIRTHPLACE (city or town)  (State or country) Penns ylvania,  17. INFORMANT Memorial Hospital  (Address) Cumberland, Md.  18. BURIAL, CREMATION, OR REMOVAL Compact yl Place Accident, autobach and selection in Industry, in Home, or in Public Place.  Mas there an autopsy!  23. If death was due to external eguses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place.  Manner of injury  Mas there an autopsy!  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place.					
What test confirmed diagnosis? Was there an autopsy!  15. MAIDEN NAME Elizabeth Kidner.  16. BIRTHPLACE (city or town).  (State or country) Penns ylvania,  17. INFORMANT Memorial Hospital.  (Address) Cumberland, Md.  18. BURIAL, CREMATION, OR REMOVAL Compact ylvania (Anner of injury).  Mas there an autopsy!  23. If death was due to external eguses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	Henry Keiste	r,	00.00		
15. MAIDEN NAME   Elizabeth Kidner   23. If death was due to external aguess (VIOLENCE) fill in also the following:   Accident, suicide, or homicide?   Date of injury   19     (State or country)   Penns ylvania   Where did injury occur?   (Specify city or town, county and State)   17. INFORMANT   Memorial   Hospital   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.     18. BURIAL, CREMATION, OR REMOVAL   Sommative   Accident, suicide, or homicide?   Date of injury   Nere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.     Manner of injury   Manner of injury   Manner of injury   Manner of injury   Nere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.     Manner of injury   Manner of injury   Manner of injury   Manner of injury   Nere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.     Manner of injury   Manner of injury   Manner of injury   Manner of injury   Nere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.     Manner of injury   Manner of injury   Manner of injury   Nere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.     Manner of injury   Manner of inju	14. BIRTHPLACE (city or town)		01.11		
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT. Memorial Hospital  (Address) Cumberland, Md.  18. BURIAL, CREMATION, OR REMOVAL Compact your place of training and State in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Manner of injury		Kidner.			
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT. Memorial Hospital  (Address) Cumberland, Md.  18. BURIAL, CREMATION, OR REMOVAL Compact your place of training and State in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Manner of injury	D 16. BIRTHPLACE (city or town)				
17. INFORMANT Memorial Hospital Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Cumberland, Md.  18. BURIAL, CREMATION, OR REMOVAL Compact of Public Place According to the Public Place of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(State or country) Pennsylv	ania,			
18. BURIAL, CREMATION, OR REMOVAL Compact of Manner of injury.  Place Husband Cent. Par natolice. 2/ 1032	(Address) Cumberland. Me	d.•	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place Y Washard Cell 4 Date All 19 L	18. BURIAL, CREMATION, OR REMOVAL Longue	ty) , 21 22	Manner of injury		
Nature or injury.	Place Husband Cent. 19. Da	tolle. 1. 1932	Nature of injury		
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Address)		<u> </u>			

Enfield

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOI	R FURTHER ST	ATEMENTS	BY PHYSICIAN



1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Allegams (D)	Registration Dist. No.
Village or City Thurberland Ma	No.329 Combertand St., Ward death occurred in a haspital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred frs mos	
2. FULL NAME Lancy CyMillhollan	d Mhaylon
(a) Residence: No. 229 Liferente er Carrel	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 , 193 Z
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Yaar)
HUSBANO of (or) WIFE of Sungle	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1854 Nov 2274	I last saw h M. alive on Die 2, 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at 1,45 11.m.
78 0 10 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	De Marie de la constitución de l
SAWYER, BOOKKEEPER, etc. CARANTO MAC	Mr. Milogardilis 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	D/ W/// - T
SAW MILL, BANK, etc.	M. If willis.
- I this occupation (month and	<u> </u>
yaar) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Da Cagulo VI	V
(State or country)	
13. NAME  14. BIRTHPLACE (city or town) Parally (State or country)	
14. BIRTHPLACE (city or town) Janus Gytrum 100	Neme of operation Data of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Navihas Washing trus Meetholland  16. BIRTHPLACE (city or town) Sattemore  (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Latternove	Accident, suicide, or homicide? Oate of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT TO THE HOLD OF EVENTS OF CITY	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fale of the ope ec 3mg, 1932	Nature of injury
19. UNDERTAKER	24. Was diseasa or injury in eny way related to occupation of decaased?
(Address) Aus Century Mel	If so, specify
20, FILEBURG 6 , 193 W Barufy OR Megistrar.	(Signed) fifth long M. D.
If more blanks are needed address State Projection	(Alfoless)

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cur	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

-WRITE

2

ż

V. S. No. 1

state

pluods

OCCUPA-

Jo

1. PLACE OF D			CERTIFICATE OF DEATH PORATE LIMITS  Registration Dist. No.			
Village or City	umberland.	Md		No. 424 Goethe • St., 4 W  death occurred in a hospital or institution, give its NAME instead of street and number)		
	in city or town where dea William.J		yrsmos	ds. How long in U.S. if of foreign birth?yrsmos		
	10. 424 x	Earthe		St., 4 Ward.		
		(Usual place of	abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS			CULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4.6	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR MIXORGED (Pariet the word)		LED, WIDOWED,	21. DATE OF DEATH Dec 24 1932 (Month) (Day) (Year)		
5a. If married, widowed, or HUSBAND of (or) WIFE of	Eva.C.Wilt	Mar 2 1	.890	1 HEREBY CERTIFY, That I attended deceased in the state of the state o		
7. AGE Years 42	Months 9	Days 22	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at 3.30 mPm  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular kind of work done, as SPINNER. Rubber Worker SAWYER, BOOKKEEPER, etc. Rubber Worker				Julofo, Date of or		
9. Industry or business in which ally . Springfield . work was done as SILK MICI, Tire CO			ield.	Chris aprilis		
SAW MILL, BA  10. Date decessed las this occupation year)	10. Date decessed last worked et this occupation (month and year) 11. Total time (years) spent in this occupation		in this			
12. BirTHPLACE (city or town) Md (State or country)				Other Coatributory Causes of importance:		
13. NAME	Dekolh. Wi	] t.				
13. NAME Dekolb. Wilt  14. BIRTHPLACE (city or town)  (State or country)				Name of operation Name Date of		

FAT (State or country) MOTHER Rose Aikey 23. If death was due to external causes (VIOL ENCE) filt in also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Eva.Wilt 17. INFORMANT Cumberland Md (Address)

18. BURIAL, CREMATION, OR REMOVAL Dec 27.1932 John.C. Wolford

Cumberland (Address) Registrar. If so, specify

(Signed)

Manner of injury

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	Ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		PERT G NAP	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The same of the sa			

(If death occurred in

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) a hospital or institution, give its NAME instead of street MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month)--(Day) I HEREBY CERTIFY. That I attended the decessed from that I last saw h MM alive on A and that death occured on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration).....yrs......mos. Contributory Secondary (Duration) vrs.... (Signed) (Address) \*State | the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. of Injury and 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents) At place of death... In the

Where was disease contracted. if not at place of death?.

Former or usual residence ....

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Maratoga St., Balto., Requesting V. S. No. 1.

IIf LESS than I day hrs.

ds. or min.?

œ

ARGII

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery; persons en-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably swecide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, etc. cough; Chronic valvular heart disease; Carcinoma, The contributory Sarcoma,, etc., of Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe days is essential and must be obtained before the certificate is permanently filed.

ż

# STATE OF MARYLAND—CERTIFICATE OF DEATH

Koon

1	. PLACE OF D	llegany	1	WITHIN CON	PORATE LIMITS	1	
	County	Cumber	land. M	đ	210 Union St. No.	Ward	
	Village or City				death occurred in a hospital or institution, give its NAME instead of street and		
		Chanle	death occurred H. Wolf		ds. How long in U.S. if of foreign birth?yrsm	osds.	
2	. FULL NAME						
	(a) Residence: I	No. Cumber	cland. M		St., Ward.  If nonresident give city or town and	State	
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. 5	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEATH Dec 10 193	2	
	Male	White	Wi	dow	(Month) (Day)	(Year)	
5a.	5a. If married, widowed, or divorced HUSBANO of Anna. Wolford (or) WIFE of				22. I HEREBY CERTIFY. That I attended  7. 10 193 V. to Der 10	deceased from	
6. 1	DATE OF BIRTH (mont	th, day, and year)	Feb.17.	1849	I last saw have alive on Jun 1907		
	AGE Years 83	Months 9	Days 24	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1.30 . Pm  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.00	
Z	8. Trade, profession,	or particular	D - + 4 2		Wrenie Coma.	Oate of onset	
OCCUPATION	SAWYER, BOO	done, as SPINNER, OKKEEPER, etc	Retired			6 days	
:UP/	work was don SAW MILL, BA	e, as SILK MILL, ANK, etc					
000	O Oate deceased last worked at this occupation (month and spent in this occupation coupation occupation					-	
12.	BIRTHPLACE (city or (State or country)	town)		Md	Other Coutributory Causes of importance:	34em	
ER	13. NAME	Daniel. Wo	olford				
FATHER	14. BIRTHPLACE (city	y or town)	Pa	L	Name of operation Date of		
	(State or coun		~ 11 1		What test confirmed diagnosis? Was there an a	autopsy?	
HER	15. MAIOEN NAME	Letna	Robinet		23. If death was due to external causes (VIOLENCE) fill in also the following	ğ:	
MOTH	(State or cour			Md	Accident, suicide, or homicide?		
Baird Wolford  17. INFORMANT Cumberland. Md					(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaGerman. Lutheran Date Dec. 12.1932				12.1932	Manner of injury		
19.	19. UNDERTAKER John.C.Wolford (Address) Cumberland. Md				Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify	/	
20.	20. FILED (13) 137 ( Nasufy O) Resident			Y/ // BLESS	(Signed) (Address) lucuton from my	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
·		daviaoaa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA

3. SEX

7. AGE

Male

HUSBAND of

(or) WIFE of

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (Stata or country)

15. MAIOEN NAME

(Address)

17. INFORMANT

19. UNDERTAKER (Address)

pino

S

#### STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS 108 1. PLACE OF DEATH County\_Allegany. Registration Dist. No. Village or City\_\_Cumberland Md. No. Memorial Hospital St., 6 (If death occurred in a horpital or institution, give its NAME instead of street and number) vrs. \_\_\_mos. # ds. How long in U.S. if of foreign birth? \_\_\_\_\_ vrs. \_\_\_\_mos. Longth of residence in city or town where death occurred. Mr. Archie Woodruff 2. FULL NAME 62 Madison Ave. (a) Residence: No. \_ Ward. Holland Mich. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) White (Year) 5a. If married, widowed, or divorced I HEREBY CERTIFY. That Intended deceased from 6. DATE OF BIRTH (month, day, and year) Years If LESS than Months Days to have occurred on the date stated above, at. 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_ min. wera as follows Oate of onset

8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc .... work was done, as SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this. year) unknown occupation \_ 12. BIRTHPLACE (city or town). (State or country) FATHER Woodruff Fred 13. NAME

What test confirmed diagnosis?\_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Other Contributory Causes of importance

Where did injury occur?\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury

Date of injury\_\_\_\_\_ 19

Nature of injury

Registrar.

If so, specify

Accident, suicide, or homicida?

(Signed) (Address)

Dr. Williams

MOTHER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

for authorisation	to cleanse	date	H feling	see lette
			10 1	
under Weiss	1/28/33		0	
	1 / 12		1	

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH
100	WITHIN COMP	CHATE LIMITS 101-01
County County	Jany Co	Registration Dist. No.
Village or City		No. 3 3 4 Ward St., 4 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where o	death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Cost	mery Sto	unger.
(a) Residence: No. $3397$	(Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7 4. COLOR OR RACE  Accord	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of		(1001)
(or) WiFE of		22. I HEREBY CERTIFY, That i attended deceased from
1	1 1 1 20 6	Decembr 1,1932,0 Wee 1, 1932
6. DATE OF BIRTH (month, day, and year)	Extende 9,1932	liast sawh & alive on Annual 3419 3 death is seid
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 4_1 m.
2	21 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc.		Toranchopnement ?
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at	11. Total time (years)	-
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town) Com	interland	Other Contributory Causes of importance:
(State or country)	u.	
13. NAME Walter  14. BIRTHPLACE (city or town) Reserved.	Garinger.	
4 14. BIRTHPLACE (city or town) Race	eville, Va.	Name of operation Date of
(State or country)		What test confirmed diagnosis? White Was there an autopsy?
15. MAIOEN NAME Elsi. &	tmith	23. If death was due to external causes (ViOLENCE) fill in also the following:
15. MAIOEN NAME ELECTION 16. BIRTHPLACE (city or town)	usparlacel	Accident, suicide, or homicide? Date of injury19
(State or country)	crud.	Where did injury occur?
17. INFORMANT Walty you	nger	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
PISCOLLAMINE (IL	4 Oate 2 2 193 2	Nature of injury
19. UNOERTAKER 3. A. 13	utler,	24. Was disease or injury in any way related to occupation of deceased?
(Address)	and my	if so, specify
20. FILE 12 20, 19.37 (	Yaruey The Mers	(Signed) M. D. (Address) 122 Problem M. D.
If more l	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1 67 17 ( ) 144

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cof importance v	ause of death and related causes were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BLEST A. B.	1 week ago
Chronic interstitial nephritis	1921	Run over by street	car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	PIN P TROS	3 days ago
			La Majora	
Other contributory causes of importance:		Other contribut	ory causes of importance:	
Gallstones	May 1,1923	May 1,1923 Gastroenteritis		1 year
	1			

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Milly My WITHIN CO	REPORATE LIMITS Registration Dist. No.
Village or City Culbuland	No. 25 4 Mamo Lewast. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos.	
2. FULL NAME Trank Jano	h
(a) Residence: No. 8/4 Months Jun.	aise Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Ma	22. I HEREBY CERTIFY, That I attended deceased from
9 100	last softhern alive on Del 9 1937 death is said
6. DATE OF BIRTH (month, day, and year) 8 3- fune.  7. AGE Years Months Days If EESS than	to have occurred on the date stated above, at 2. Qm.
49 5 27 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trade profession or particular	arewand of Vancere Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9/ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Pate deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) a gram	Other Coutributory Causes of importance:
(State or country) Austria	
13. NAME (Letter Barrelle 14. BIRTHPLACE (city or town). Sagrange	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Marcha yelich  16. BIRTHPLACE (city or town) agram.  (State or country)	23. If death was due to external causes (VIOLENCE) the lift in also the roll wheefful a
16. BIRTHPLACE (city or town)   (Stete or country)	Accident, suicide, or homlcide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MMC 3 CONTROL City (Address) 8/4 many terrace City	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tosy till Cha Date dec 17, 1932	Nature of injury
19. UNDERTAKER 7. D. 3 utles (Address) Cumbuland, mid	24. Was disease or injury in any wey related to eccupation of deceased?
20. FILED Ca 9 , 1937 Daniey Allies Registrar.	(Signed) Orygles MB.  (Address) Oscillar Port Dellar
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JAN 5 1938	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage UREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1 N. B.

infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12789
1. PLACE OF DEATH	82-0
County allegam - WITHIN CORPORATE	LIMITS Registration Dist. No.
Village or City Carolina de la Carol	No. 729 Granland Angle - 1 Ward
Q Z (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. Af of foreign birth?yrsmosds.
2. FULL NAME Henry Scholac	$\lambda$
(a) Residence: No. 129 mangland a	St., 6-/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 6. DIVORCED (write the work) 6. SINGLE, MARRIED, WIDOWED, 6. SINGLE, WIDOWED, 6. SI	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. ,   HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Berthe Berry.	pm 19,32 to Dec 6 ,1932
6. DATE OF BIRTH (month, day, and small # 1868	I last saw h alive on Bee 16 19 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
64 9 12 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased of worked at this occupation (meth and	Energhalding and
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	earth
SAW MILL, BANK, etc	Softening of the brain. not exceptalitie aco
10. Date deceased at worked at this occupation match and 932 11. Total time (years) spent in this 30 974 occupation	lethargica, Cw&R.
2	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Land Time
E 13. NAME John Schroch	woo ung amma
Ξ // / /	N-man of annual con-
14. BIRTHPIACE (city or town) Company	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Onch	23. If death was due to external causes (VIOLENCE) fill in also the following:
E CONTROL OF THE PROPERTY I	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town)(State or country)	Where did injury occur?
Rentt. A Select	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Nove /till Com Date 12/19, 1932	Nature of injury
19. UNDERTAKER Lamo Stern Jac	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20 5450 Dea 19 132 (tames (NVE	(Signed) talent, human M.D.
20. FILED Registrar.	(Address) 4/ Sum 18 Conffeel (led

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago		
		davisos			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIMITATION	DI AUI	TOTAL	T. C. I.C. S. LILLEY IV.	COR A TAKE WATER WATER OF	T 7	T TI T DI CITALI